

that a new policy be adopted to complement it. The new policy that we proposed (see Appendix A) was adopted by APA's Council of Representatives in August 2009. With regard to APA's response to groups that advocate for SOCE, we provide those recommendations at the end of this chapter in the section on policy.

To achieve the charge given by APA, we decided to conduct a systematic review of the empirical literature on SOCE. This review covered the peer-reviewed journal articles in English from 1960 to 2007.⁶⁹ The review is reported in Chapters 3 and 4: Chapter 3 addresses methodological issues in the research; and Chapter 4, the outcomes, such as safety, efficacy, benefit, and harm of SOCE.

We also reviewed the recent literature on the psychology of sexual orientation. There is a growing body of literature that concludes that social stigma, known specifically as sexual stigma, manifested as prejudice and discrimination directed at same-sex sexual orientations and identities, is a major source of stress for sexual minorities. This stress, known as minority stress, is a major cause of the mental health disparities of sexual minorities. On the basis of this literature, we recommend that all interventions and policy for these populations include efforts to mitigate minority stress and reduce stigma.

Further, we found that religious individuals with beliefs that homosexuality is sinful and morally unacceptable are prominent in the population that currently undergoes SOCE. These individuals seek SOCE because the disapproving stance of their faiths toward homosexuality produces conflicts between, on the one hand, their beliefs and values and, on the other, their sexual orientation. These conflicts result in significant distress due to clients' perceptions that they are unable to integrate their faith and sexual orientation. To respond as well as possible to this population, we included in our review some of the empirical and theoretical literature from the psychology of religion, recently adopted APA policies on religion and science, and specific interventions that have been proposed in the literature for religious populations.

SOCE has been quite controversial, and the controversy has at times become polemical because of clashes between differing political viewpoints about LGB individuals and communities and the differing

values between some faith-based organizations and scientific and professional organizations (Drescher, 2003; Zucker, 2008). Psychology, as a science, and various faith traditions, as theological systems, can

APA has affirmed that proven methods of scientific inquiry are the best methods to explore and understand human behavior and are the basis for the association's policies.

acknowledge and respect their profoundly different methodological and philosophical viewpoints. The APA has affirmed that proven

methods of scientific inquiry are the best methods to explore and understand human behavior and are the basis for the association's policies (APA, 2007a, 2008a). The APA affirms that discrimination directed at religions and their adherents or derived from religious beliefs is unacceptable and that religious faith should be respected as an aspect of human diversity (APA, 2008c).

Summary of the Systematic Review of the Literature

To fulfill the charge given by APA, we undertook a systematic review to address the key questions: What are the outcomes of SOCE and their potential benefits and harms? Is SOCE effective or safe? The first step was to evaluate the research to determine if such conclusions could be drawn from the research—in other words, was the research performed with the appropriate degree of methodological rigor to provide such answers? The next question was to determine, if such research existed, what answers it provided.

Efficacy and Safety

We found few scientifically rigorous studies that could be used to answer the questions regarding safety, efficacy, benefit, and harm (e.g., Birk et al., 1971; S. James, 1978; McConaghy, 1969, 1976; McConaghy et al., 1972; Tanner, 1974, 1975). Few studies could be considered true experiments or quasi-experiments that would isolate and control the factors that might effect change (see the list of studies in Appendix B). These studies were all conducted in the period from 1969 to 1978 and used aversive or other behavioral methods.

Recent SOCE differ from those interventions explored in the early research studies. The recent nonreligious interventions are based on the assumption that homosexuality and bisexuality are mental

⁶⁹ The articles in English include material on populations outside the United States, including Canada, Mexico, Western Europe, and some material on Middle Eastern, South Asian, and East Asian populations. No articles based on new research have been published since 2007. One article published in 2008 is a restatement of Schaeffer et al. (2000).

disorders or deficits and are based on older discredited psychoanalytic theories (e.g., Socarides, 1968; see American Psychoanalytic Association, 1991, 1992, 2000; Drescher, 1998b; Mitchell, 1978, 1981). Some focus on increasing behavioral consistency with gender norms and stereotypes (e.g., Nicolosi, 1991). None of these approaches is based on a credible scientific theory, as these ideas have been directly discredited through evidence or rendered obsolete. There is longstanding scientific evidence that homosexuality per se is not a mental disorder (American Psychiatric Association, 1973; Bell & Weinberg, 1978; Bell et al., 1981; Conger, 1975; Gonsiorek, 1991; Hooker, 1957), and there are a number of alternate theories of sexual orientation and gender consistent with this evidence (Bem, 1996; Butler, 2004; Chivers et al., 2007; Corbett, 1996, 1998, 2001; Diamond, 1998, 2006; Drescher, 1998b; Enns, 2008; Heppner & Heppner, 2008; Levant & Silverstein, 2006; Mustanski et al., 2002; O'Neil, 2008; Peplau & Garnets, 2000; Pleck, 1995; Rahman & Wilson, 2005; Wester, 2008).

Other forms of recent SOCE are religious, are not based on theories that can be scientifically evaluated, and have not been subjected to rigorous examination of efficacy and safety. These approaches are based on religious beliefs that homosexuality is sinful and immoral and, consequently, that identities and life paths based on same-sex sexual orientation are not religiously acceptable. The few high-quality studies of SOCE conducted from 1999 to 2004 are qualitative (e.g., Beckstead & Morrow, 2004; Ponticelli, 1999; Wolkomir, 2001) and these, due to the research questions explored, aid in understanding the population that seeks sexual orientation change but do not provide the kind of information needed for definitive answers to questions of the safety and efficacy of SOCE.

Thus, we concluded that the early evidence, though extremely limited, is the best basis for predicting what would be the outcome of psychological interventions. Scientifically rigorous older work in this area (e.g., Birk et al., 1971; S. James, 1978; McConaghy, 1969, 1976; McConaghy et al., 1972; Tanner, 1974, 1975) shows that enduring change to an individual's sexual orientation is uncommon and that only a very small number of people in these studies show any credible evidence of reduced same-sex sexual attraction, though some show lessened physiological arousal to all sexual stimuli. Compelling evidence of decreased same-sex sexual behavior and increased sexual attraction to and engagement in sexual behavior with the other sex was rare. Few studies provided strong evidence

that any changes produced in laboratory conditions translated to daily life. Many individuals continued to experience same-sex sexual attractions following SOCE and seldom reported significant change to other-sex sexual attractions. Thus, we concluded the following about SOCE: *The results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex sexual attractions or increase other-sex attractions through SOCE.*

The few early research investigations that were conducted with scientific rigor raise concerns about the safety of SOCE, as some participants suffered unintended harmful side effects from the interventions. These negative side effects included loss of sexual feeling, depression, suicidality, and anxiety. The high dropout rate in these studies may indicate that some research participants may have experienced these treatments as harmful and discontinued treatment (Lilienfeld, 2007). There are no scientifically rigorous studies of recent SOCE that would enable us to make a definitive statement about whether recent SOCE is safe or harmful and for whom.

Individuals Who Undergo SOCE and Their Experiences

Although scientific evidence shows that SOCE is not likely to produce its intended outcomes and can produce harm for some of its participants, there is a population of consumers who participate in SOCE. To address the questions of appropriate application of affirmative interventions for this population, which was a major aspect of APA's charge to the task force, we returned to the research literature on SOCE, expanding beyond the scope of the systematic review to include other literature in order to develop an understanding of the current population that participates in SOCE. The research does reveal something about those individuals who undergo SOCE, how they evaluate their experiences, and why they may seek SOCE, even if the research does not indicate whether SOCE has anything to do with the changes some clients perceive themselves have experienced. We sought this information to be as comprehensive as possible and to develop an information base that would serve as a basis for considering affirmative interventions.

SOCE research identifies a population of individuals who experience conflicts and distress related to same-sex sexual attractions. The population of adults included in recent SOCE research is highly religious, participating

in faiths that many would consider traditional or conservative (e.g., the Church of Jesus Christ of Latter-Day Saints [Mormon], evangelical Christian, or Orthodox Jewish). Most of the participants in recent studies are White men who report that their religion is extremely important to them (Nicolosi et al., 2000; Schaeffer et al., 2000; Shidlo & Schroeder, 2002; Spitzer, 2003). These recent studies include a small number of participants who identify as members of ethnic minority groups. Recent studies include more women than in early studies, and one qualitative study focused exclusively on women (Ponticelli, 1999). Most of the individuals studied tried a variety of methods to change their sexual orientation, including psychotherapy, support groups, and religious efforts. Many of the individuals studied were recruited from groups endorsing SOCE. The body of literature overall is based on convenience samples; thus, the relationship between the characteristics of these individuals compared to the entire population of people who seek SOCE is unknown.

Comparisons of the early and recent research indicate changes in the demographics of those who seek SOCE. The individuals who participated in early research on SOCE were also predominantly White males, but those studies included men who were court-referred to treatment, men who were referred to treatment for a range of psychiatric and sexual concerns, and men who were fearful of criminal or legal sanctions, in addition to men who were distressed by their sexual attractions. There are no data on the religious beliefs of those in the early studies. As noted previously, the individuals in recent studies indicated that religion is very important to them.

We concluded that some of the controversy surrounding SOCE can be explained by different understandings of the nature of sexual orientation and sexual orientation identity. Recent research in the field of sexual orientation indicates a range of sexual attractions and desires, sexual orientations, and multiple ways of self-labeling and self-identifying (e.g., Carrillo, 2002; Diamond, 1998, 2006, 2008; Fox, 1995; Hoburg et al., 2004; Savin-Williams, 2005). Some researchers have found that distinguishing the constructs of sexual orientation and sexual orientation identity adds clarity to an understanding of the variability in reports of these two variables (R. L. Worthington & Reynolds, 2009). *Sexual orientation* refers to an individual's patterns of sexual, romantic, and affectional arousal and desire for other persons based on those persons' gender and sex characteristics. Sexual orientation is tied to physiological drives and

biological systems that are beyond conscious choice and involve profound emotional feelings such as "falling in love" and emotional attachment. Other dimensions commonly attributed to sexual orientation (e.g., sexual behavior with men and/or women; sexual values, norms, and motivations; social affiliations with LGB or heterosexual individuals and communities; emotional attachment preferences for men or women; gender role and identity; lifestyle choices) are potential correlates of sexual orientation rather than principal dimensions of the construct. *Sexual orientation identity* refers to recognition and internalization of sexual orientation and reflects self-awareness, self-recognition, self-labeling, group membership and affiliation, culture, and self-stigma. Sexual orientation identity is a key element in determining relational and interpersonal decisions, as it creates a foundation for the formation of community, social support, role models, friendship, and partnering (APA, 2003; Jordan & Deluty, 1998; McCarn & Fassinger, 1996; Morris, 1997).

Recent studies of SOCE participants frequently do not distinguish between sexual orientation and sexual orientation identity. We concluded that the failure to distinguish these aspects of human sexuality in this recent SOCE research has obscured an understanding of what aspects of human sexuality might and might not change through intervention. The available evidence, from both early and recent studies, suggests that

The available evidence, from both early and recent studies, suggests that although sexual orientation is unlikely to change, some individuals modified their sexual orientation identity (i.e., individual or group membership and affiliation, self-labeling) and other aspects of sexuality (i.e., values and behavior).

although sexual orientation is unlikely to change, some individuals modified their sexual orientation identity (i.e., individual or group membership and affiliation, self-labeling) and other aspects of sexuality (i.e.,

values and behavior). They did so in a variety of ways and with varied and unpredictable outcomes, some of which were temporary (Beckstead, 2003; Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). For instance, in recent research, many individuals claim that through participating in SOCE, they became skilled in ignoring or tolerating their attractions or limiting the impact of their attractions on their sexual behavior (Beckstead & Morrow, 2004; McConaghy, 1976; Shidlo & Schroeder, 2002). Early nonexperimental case studies described

individuals who reported that they went on to lead outwardly heterosexual lives, including, for some, developing a sexual relationship with an other-sex partner and adopting a heterosexual identity (Birk, 1974; Larson, 1970). Some of these individuals reported heterosexual experience prior to treatment. People whose sexual attractions were initially limited to people of the same sex report much lower increases (if any) in other-sex attractions compared to those who report initial attractions to both men and women (Barlow et al., 1975). However, the low degree of scientific rigor in these studies makes any conclusion tentative.

Recent research indicates that former participants in SOCE report diverse evaluations of their experiences. Some individuals perceive that they have benefited from SOCE, while other individuals perceive that they have been harmed by SOCE (Beckstead & Morrow, 2004; Nicolosi et al., 2000; Schroeder & Shidlo, 2001; Shidlo & Schroeder, 2002). Across studies, it is unclear what specific individual characteristics and diagnostic criteria would prospectively distinguish those individuals who will later perceive that they have succeeded and benefited from SOCE from those who will later perceive that they have failed or been harmed.

Some individuals who participated in the early research reported negative side effects such as loss of sexual arousal, impotence, depression, anxiety, and relationship dysfunction. Individuals who participated in recent research and who failed to change sexual orientation, while believing they should have changed with such efforts, described their experiences as a significant cause of emotional distress and negative self-image (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). Overall, those in this recent research who indicated that they were harmed reported feelings of distress, anxiety, depression, suicidal ideation, self-blame, guilt, and loss of hope among other negative feelings. Some who experienced religious interventions and perceived them negatively said that they felt disillusioned with religion; others felt they had failed their religion by having same-sex attraction (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). Indirect harm from the associated costs (time, effort, money, disillusionment with psychotherapy) spent in ineffective treatment is significant. Both the early and recent research provide little clarity on the associations between claims to modify sexual orientation from same-sex to other-sex and subsequent improvements or harm to mental health.

Other individuals reported that they perceived SOCE to be helpful by providing a place to discuss

their conflicts, reduce isolation, and receive support (Beckstead & Morrow, 2004; S. L. Jones & Yarhouse, 2007; Nicolosi et al., 2000; Ponticelli, 1999; Shidlo & Schroeder, 2002; Spitzer, 2003; Wolkomir, 2001, 2006). Some reported that SOCE helped them view their sexual orientation in a different light that permitted them to live in a manner consistent with their faith, which they perceived as positive (Nicolosi et al., 2000). Some individuals described finding a sense of support and community through SOCE and valued having others with whom they could identify (Beckstead & Morrow, 2004; Ponticelli, 1999; Wolkomir, 2001). These effects mirror those provided by mutual support groups for a range of problems. And the positive benefits reported by participants in SOCE, such as reduction of isolation, change of meaning, and stress reduction, are consistent with the findings of social support literature (Levine et al., 2004). Given the findings of limited efficacy of change of sexual orientation, it is unlikely that SOCE provides any unique benefits other than those documented for the social support mechanisms of mutual help groups. For those who had received psychotherapy, the positive perceptions of SOCE seem inconsistent with the documented effects of the supportive function of psychotherapy relationships (e.g., Norcross, 2002).

Literature on Children and Adolescents

The task force was asked to report on the following: (a) the appropriate application of affirmative therapeutic interventions for children and adolescents who present a desire to change either their sexual orientation or their behavioral expression of their sexual orientation, or both, or whose guardian expresses a desire for the minor to change; (b) the presence of adolescent inpatient facilities that offer coercive treatment designed to change sexual orientation or the behavioral expression of sexual orientation; and (c) recommendations regarding treatment protocols that promote stereotyped gender-normative behavior to mitigate behaviors that are perceived to be indicators that a child will develop a homosexual orientation in adolescence and adulthood.

We reviewed the limited research on child and adolescent issues and drew the following conclusions: There is no research demonstrating that providing SOCE to children or adolescents has an impact on adult sexual orientation. The few studies of children with gender identity disorder found no evidence that psychotherapy provided to those children had an impact on adult sexual orientation (R. Green, 1986,

1987; Zucker, 2008; Zucker & Bradley, 1995). There is currently no evidence that teaching or reinforcing stereotyped gender-normative behavior in childhood or adolescence can alter sexual orientation (Mathy & Drescher, 2008). We are concerned that such interventions may increase the self-stigma, minority stress, and ultimately the distress of children and adolescents. We have serious concerns that the coercive or involuntary treatment of children or adolescents has the potential to be harmful and may potentially violate current clinical and practice guidelines, standards for ethical practice, and human rights.

Recommendations and Future Directions

Affirmative Psychotherapy With Adults

The appropriate application of affirmative therapeutic interventions with adults is built on three key findings in the research: (a) an enduring change to an individual's sexual orientation as a result of SOCE was unlikely, and some participants were harmed by the interventions; (b) for some individuals, sexual orientation identity, not sexual orientation, shifted and evolved via psychotherapy, support groups, or life events; and (c) clients benefit from psychotherapeutic approaches that emphasize acceptance, support, and recognition of important values and concerns.

On the basis of these findings and the clinical literature on this population, we suggest client-centered, multiculturally competent approaches grounded in the following scientific facts: (a) same-sex sexual attractions, behavior, and orientations per se are normal and positive variants of human sexuality—in other words, they are not indicators of mental or developmental disorders; (b) same-sex sexual attractions and behavior can occur in the context of a variety of sexual orientations and sexual orientation identities; (c) gay men, lesbians, and bisexual individuals can live satisfying lives and form stable, committed relationships and families that are equivalent to those of heterosexual individuals in essential respects; and (d) no empirical studies or peer-reviewed research supports theories attributing same-sex sexual orientation to family dysfunction or trauma.

Based on these findings summarized above and our comprehensive review of the research and clinical literature, we developed a framework for the appropriate application of affirmative therapeutic

interventions for adults that has the following central elements:

- Acceptance and support
- A comprehensive assessment
- Active coping
- Social support
- Identity exploration and development

Acceptance and support include (a) unconditional positive regard for and empathy with the client, (b) openness to the client's perspective as a means of understanding his or her concerns, and (c) encouragement of the client's positive self-concept.

A comprehensive assessment considers sexual orientation uniquely individual and inseparable from an individual's personality and sense of self. This includes (a) being aware of the client's unique personal, social, and historical context and (b) exploring and countering the harmful impact of stigma and stereotypes on the client's self-concept (including the prejudice related to age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status).

Active coping strategies are efforts that include cognitive, behavioral, or emotional responses designed to change the nature of the stressor itself or how an individual perceives it and include both cognitive and emotional strategies. These may include cognitive strategies to reframe conflicts and emotional strategies to manage potential losses.

Psychotherapy, self-help groups, or welcoming communities (ethnic communities, social groups, religious denominations) provide social support that can mitigate distress caused by isolation, rejection, and lack of role models. Conflicts among disparate elements of identity play a major role in the conflicts and mental health concerns of those seeking SOCE (Bartoli & Gillem, 2008; Beckstead & Morrow, 2004).

Identity exploration is an active process of exploring and assessing one's identity and establishing a commitment to an integrated identity. LMHP facilitate this exploration by not having an a priori treatment goal for how clients identify or live out their sexual orientation. The process may include a developmental process that includes periods of crisis, mourning, reevaluation, identity deconstruction and reconstruction, and growth.

Treatments that are based on the assumption that homosexuality or same-sex sexual attractions are a mental disorder or based on inaccurate stereotypes regarding LGB people are to be avoided because they run counter to empirical data and because reports of harm suggest that such treatments can reinforce restricting stereotypes, increase internalized stigma, and limit a client's development (Beckstead & Morrow, 2004; Haldeman, 2001; Shidlo & Schroeder, 2002; G. Smith et al., 2004; see Lilienfeld, 2007, for information on psychotherapy harms).

Psychotherapy With Children and Adolescents

We were asked to report on the appropriate application of affirmative therapeutic interventions for children and adolescents who present a desire to change either their sexual orientation or the behavioral expression of their sexual orientation, or both, or whose guardian expresses a desire for the minor to change. Consistent with the current scientific evidence, those working with children and adolescents strive to have a developmentally appropriate perspective that includes a client-centered multicultural perspective to reduce self-stigma and mitigate minority stress. This includes interventions that (a) reduce stigma and isolation, (b) support the exploration and development of identity, (c) facilitate achievement of developmental milestones, and (d) respect age-appropriate issues regarding self-determination. Such services are ideally provided in the least restrictive setting and with, at a minimum, the assent of the youth. However, LMHP are encouraged to acquire developmentally appropriate informed consent to treatment.

Affirmative approaches encourage families to reduce rejection and increase acceptance of their child and adolescent (Perrin, 2002; Ryan et al., 2009). Parents who are concerned or distressed by their children's sexual orientation can be provided accurate information about sexual orientation and sexual orientation identity and offered anticipatory guidance and psychotherapy that supports family reconciliation (e.g., communication, understanding, and empathy) and maintenance of their child's total health and well-being. Interventions that increase family, school, and community acceptance and safety of sexual minority children and youth appear particularly helpful. Such interventions are offered in ways that are consistent with aspects of diversity such as age, gender, gender identity, race, ethnicity, culture,

national origin, religion, sexual orientation, disability, language, and socioeconomic status.

Special Concerns of Religious Individuals and Families

Many religious sexual minorities experience significant psychological distress and conflict due to the divergence between their sexual orientation and religious beliefs. To support clients who have these concerns, LMHP can provide psychological acceptance, support, and recognition of the importance of faith to individuals and communities while recognizing the science of sexual orientation. LMHP working with religious individuals and families can incorporate research from

The goal of treatment is for the client to explore possible life paths that address the reality of his or her sexual orientation while considering the possibilities for a religiously and spiritually meaningful and rewarding life.

the psychology of religion into the client-centered multicultural framework summarized previously. The goal of treatment is for the client

to explore possible life paths that address the reality of his or her sexual orientation while considering the possibilities for a religiously and spiritually meaningful and rewarding life. Such psychotherapy can enhance clients' search for meaning, significance, and a relationship with the sacred in their lives (e.g., Pargament & Maloney, 2005). Such an approach would focus on increasing positive religious coping, understanding religious motivations, integrating religious and sexual orientation identities, and reframing sexual orientation identities to reduce or eliminate self-stigma.

Ethical Considerations

LMHP strive to provide interventions that benefit clients and avoid harm, consistent with current professional ethics. Psychologists aspire to provide treatment that is consistent with the APA *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002b) and relevant APA guidelines and resolutions (e.g., APA, 2000, 2002c, 2004, 2005a, 2007b) with a special focus on ethical principles such as Beneficence and Nonmaleficence; Justice; and Respect for People's Rights and Dignity (including self-determination). LMHP reduce potential harms and increase potential benefits by basing their professional judgments

and actions on the most current and valid scientific evidence, such as that provided in this report (see APA, 2002b, Standard 2.04, Bases for Scientific and Professional Judgments).

LMHP enhance principles of social justice when they strive to understand and mitigate the effects of sexual stigma, prejudice, and discrimination on the lives of individuals, families, and communities. Further, LMHP aspire to respect diversity in all aspects of their work, including age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, and socioeconomic status.

Self-determination is the process by which a person controls or determines the course of her or his own life (*Oxford American Dictionary*, 2007). LMHP maximize self-determination by (a) providing effective psychotherapy that explores the client’s assumptions and goals, without preconditions on the outcome; (b) providing resources to manage and reduce distress; and (c) permitting the client herself or himself to decide the ultimate goal of how to self-identify and live out her or his sexual orientation. We were not persuaded by some accounts that suggest that providing SOCE increases self-determination, because these suggestions encourage LMHP to offer treatment that (a) has not

... therapy that increases the client’s ability to cope, understand, acknowledge, and integrate sexual orientation concerns into a self-chosen life is the measured approach.

provided evidence of efficacy; (b) has the potential to be harmful; and (c) delegates important professional decisions that should be based on qualified

expertise and training—such as diagnosis and the type of intervention. Rather, therapy that increases the client’s ability to cope, understand, acknowledge, and integrate sexual orientation concerns into a self-chosen life is the measured approach.

Education, Training, and Research

We were asked to provide recommendations for education, training, and research as they pertain to such affirmative interventions. We examine these areas separately.

EDUCATION AND TRAINING

Professional education and training

Training of LMHP to provide affirmative, evidence-based, and multicultural interventions with individuals

distressed by their same-sex sexual attractions is critical. Research on LMHP behaviors indicates a range of interventions, some of which are based on attitudes and beliefs rather than evidence, especially as some LMHP may have been educated during the period when homosexuality was pathologized (cf. Bartlett et al., 2001; Beutler, 2000; M. King et al., 2004; Liszcz & Yarhouse, 2005). We recommend that LMHP increase their awareness of their own assumptions and attitudes toward sexual minorities (APA, 2000; R. L. Worthington et al., 2005). This occurs by increasing knowledge about the diversity of sexual minorities (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status), as well as the management of the LMHP’s own biases in order to avoid colluding with clients’ internalized stigma and with the negating environments in which clients and LMHP live (APA, 2000; Dillon et al., 2004; Israel & Hackett, 2004; R. L. Worthington et al., 2005). We recommend that training in affirmative, evidence-based, and multiculturally informed interventions for sexual minorities be offered at all graduate schools and postgraduate training programs.

An important resource for LMHP is the APA (2000) *Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients*,⁷⁰ which advises LMHP to be competent in a variety of domains, including knowledge of the impact of stigma on mental health, the unique issues facing same-sex relationships and families, and the range of diversity concerns for sexual minority individuals. We recommend that several areas in which LMHP working with clients seeking SOCE obtain additional knowledge and skills include: (a) sexuality, sexual orientation, and sexual identity development; (b) the psychology of religion and spirituality, including models of faith development, religious coping, and the positive psychology of religion; (c) identity development models, including those that integrate multiple identities and facilitate identity conflict resolution; and (d) adaptive ways to manage stigma, minority stress, and multiple aspects of identity. We also recommend that practitioners review publications that explicate the above-mentioned topics and evidence-based, LGB-affirmative, and multicultural approaches to psychological interventions (APA, 2000, 2002a, 2002c, 2004, 2005b, 2006, 2007b, 2008a; Bartoli & Gillem, 2008; Brown, 2006; Fowers & Davidov, 2006; Schneider et al., 2002).

⁷⁰ These guidelines are being revised, and a new version will be available in 2010.

Classified as Un-
and Confidential

Those less familiar with religious perspectives can broaden their views on religion and religious individuals and reduce their potential biases by seeking relevant information on religious faith and the psychology of religion (e.g., Ano & Vasconcelles, 2005; Exline, 2002; Emmons, 1999; Emmons & Paloutzian, 2003; Fowler, 2001; Goldstein, 2007; Pargament & Mahoney, 2005; Pargament et al., 1998, 2005). Training programs for practitioners can increase competencies in these areas by including comprehensive material on religion and spirituality (Bartoli, 2007; Hage, 2006; Hathaway et al., 2004; Yarhouse & Fisher, 2002; Yarhouse & VanOrman, 1999) and on ways to incorporate religious approaches into psychotherapy (see, e.g., Richards & Bergin, 2000, 2004; Sperry & Shafranske, 2004). Additionally, publications that illustrate affirmative integration and resolution of religious and sexual minority identity are helpful (Astramovich, 2003; Beckstead & Israel, 2007; Glassgold, 2008; Haldeman, 2004; Ritter & O'Neil, 1989, 1995).

Conservative religious practitioners can increase their compassionate and understanding responses to sexual minorities. Some focus on increasing compassionate responses toward sexual minorities by conservative religious students or individuals (Bassett et al., 2005; Benoit, 2005; Fischer & DeBord, 2007; McMinn, 2005; Yarhouse, Burkett, & Kreeft, 2001; Zahniser & Boyd, 2008; Zahniser & Cagle, 2007). One study found an evolution of positive attitudes toward sexual minorities among LMHP who hold conservative religious values (E. Adams, Longoria, Hitter, & Savage, 2009). These perspectives are based on established social psychology research, such as the contact hypothesis, where increasing personal contact with members of minority groups of equal status reduces bias, including attitudes toward sexual minorities (e.g., Herek & Capitano, 1996; Herek & Glunt, 1993; Pew Forum on Religion and Public Life, 2003).

Finally, although this report has limited information regarding sexual minorities in other countries, the research review and practice recommendations may be helpful to professionals. We recommend dissemination of this report to international mental health organizations and LGBT advocacy groups.

We recommend the following steps be taken by the APA to educate LMHP and support training programs in providing education:

1. Disseminate this report to accredited doctoral programs, internships, and other postdoctoral

programs in psychology both in the United States and other countries to encourage the incorporation of this report and other relevant material on LGBT issues into graduate school training programs and internship sites.

2. Disseminate information to faculty in psychology departments in community colleges, colleges, and university programs as information and for use in curriculum development.
3. Maintain the currently high standards for APA approval of continuing professional education providers and programs.
4. Offer symposia and continuing professional education workshops at APA's annual convention that focus on treatment of individuals distressed by their same-sex sexual attractions, especially those who struggle to integrate religious and spiritual beliefs with sexual orientation identity.
5. Pursue the publication of a version of this report in an appropriate journal or other publication.

Public education

The information available to the public about SOCE and sexual orientation is highly variable and can be confusing. In those information sources that encourage SOCE, the portrayals of homosexuality and sexual minorities tend to be negative and at times to emphasize inaccurate and misleading stereotypes (Kennedy & Cianciotto, 2006; SPLC, 2005). Sexual minorities, individuals aware of same-sex sexual attractions, families, parents, caregivers, policymakers, religious leaders, and society at large can benefit from accurate scientific information about sexual orientation and about appropriate interventions for individuals distressed by their same-sex sexual attractions both in the United States and internationally. We recommend that APA:

1. Create informational materials for sexual minority individuals, families, parents, and other stakeholders on appropriate multiculturally competent and client-centered interventions for those distressed by their sexual orientation who may seek SOCE.
2. Create informational materials on sexual orientation, sexual orientation identity, and religion for all stakeholders, including the public and institutions of faith.
3. Create informational materials focused on the integration of ethnic, racial, national origin and

cultural issues, and sexual orientation and sexual orientation identity.

4. Integrate the conclusions of this report into existing APA public information resources, including print, media, and the Internet.
5. Collaborate with other relevant organizations, especially religious organizations, to disseminate this information.

RESEARCH

Our systematic review of research has highlighted the methodological problems pervasive in recent research on SOCE. This raises two issues: (a) the publication of poorly designed research and (b) whether more research on SOCE should be conducted to pursue questions of benefit, harm, and safety. These two issues are addressed separately.

Much of the recent research on SOCE has had serious methodological problems. Although this research area presents serious challenges (e.g., obtaining a representative sample, finding appropriate measures, and using evidence-based constructs), many of the problems were avoidable. Problems included (a) inappropriate use of statistical tests, (b) poor measurement, and (c) designs that did not permit valid causal conclusions to be drawn.

Hunt and Carlson (2007) have argued that studies with immediate social relevance that have an impact on social policy or social issues should be held to a higher standard because this literature has the potential to influence policymakers and the public, and incomplete or misleading information has serious costs. Research published on SOCE needs to meet current best-practice research standards. Many of the problems in published SOCE research indicate the need for improvement in the journal review process. It is recommended that professional and scientific journals retain reviewers and editors with expertise in this area to maintain the standards of published research.

We concluded that research on SOCE (psychotherapy, mutual self-help groups, religious techniques) has not answered basic questions of whether it is safe or effective and for whom. Any future research should conform to best-practice standards for the design of efficacy research. Additionally, research into harm and safety is essential. Certain key issues are worth highlighting. Future research must use methods that are prospective and longitudinal, allow for conclusions about

cause and effect to be confidently drawn, and employ sampling methods that allow proper generalization.⁷¹

Future research should also include appropriate measures in terms of specificity of measurement of sexual orientation, sexual orientation identity and outcomes, and psychometric adequacy. Mixed-method research, in which methods and measures with offsetting weaknesses are simultaneously employed, may be especially advantageous. Alternative physiological means of measuring sexual orientation objectively may also be helpful. Recent research has used alternatives to genital gauges for the assessment of sexual orientation in men and women, such as functional magnetic resonance imaging (Ponseti et al., 2006). Physiological measures often use visual portrayals of nude individuals that some religious individuals may find morally unacceptable. Jlang, Costello, Fang, Huang, and He (2006) have explored the use of invisible images and have measured selective inattention/attention as an alternative to assess sexual arousal. Such methods or the development of methods that are less intrusive and are more consistent with religious values would be helpful to develop for this population.

Additionally, preexisting and co-occurring conditions, mental health problems, participants' need for monitoring self-impression, other interventions, and life histories would have to be given appropriate consideration so that research can better account for and test competing explanations for any changes observed in study participants over time. Specific conceptual and methodological challenges exist in research related to sexual minority populations, such as the conceptualization of sexual orientation and sexual orientation identity and obtaining representative samples. Researchers would be advised to consider and compensate for the unique conceptual and

⁷¹ A published study that appeared in the grey literature in 2007 (S. L. Jones & Yarhouse, 2007) has been described by SOCE advocates and its authors as having successfully addressed many of the methodological problems that affect other recent studies, specifically the lack of prospective research. The study is a convenience sample of self-referred populations from religious self-help groups. The authors claim to have found a positive effect for some study respondents in different goals such as decreasing same-sex sexual attractions, increasing other-sex attractions, and maintaining celibacy. However, upon close examination, the methodological problems described in Chapter 3 (our critique of recent studies) are characteristic of this work, most notably the absence of a control or comparison group and the threats to internal, external, construct, and statistical validity. Best-practice analytical techniques were not performed in the study, and there are significant deficiencies in the analysis of longitudinal data, use of statistical measures, and choice of assessment measures. The authors' claim of finding change in sexual orientation is unpersuasive due to their study's methodological problems.

methodological challenges in this area (Meyer & Wilson, 2009; Moradi, Mohr, Worthington, Fassinger, 2009).

Safety issues continue to be important areas of study. As noted previously, early research indicates that aversive techniques have been found to have very limited benefits as well as potentially harmful effects. These documented harms were serious. An additional finding is that these treatments had extremely high dropout rates, which has been linked to adverse effects. Some individuals report harm from recent nonaversive techniques, and some individuals report benefits.

Some authors have stated that SOCE should not be investigated or practiced until safety issues have been resolved (Davison, 1976, 1991; Herek, 2003), as it is still unclear which techniques or methods may or may not be harmful. Assessing the safety of recent practices is a high priority given that this research is the least rigorous. Given that types of harm can be multiple, outcome studies with measures capable of assessing deterioration in mental health, appearance of new symptoms, heightened concern regarding existing symptoms, excessive dependency on the LMHP, and reluctance to seek out new treatment are important to include in future research (Lilienfeld, 2007). Other areas to assess are types of harm to others (e.g., some individuals have noted that advocating other-sex marriage or promising sexual orientation change may negatively affect spouses, potential spouses, and children) (Buxton, 1994, 2007; Wolkomir, 2006).

Finally, LMHP must be mindful of the indirect harms of SOCE, such as the "opportunity costs" (Lilienfeld, 2007) and the time, energy, effort, and expense of interventions that offer limited benefit and have the potential to cause disillusionment in psychotherapy. However, as concerns regarding harm have been raised, addressing risks to research participants and concerns regarding voluntary participation (see Standard 8.02 in APA, 2002b) must be carefully considered in any future research.

Research that meets these scientific standards and addresses efficacy and safety might help to clarify the issues. Even so, scientific research may not help to resolve the issues unless it can better account for the complexity of the concerns of the current population. The results of current research are complicated by the belief system of many of the participants whose religious faith and beliefs may be intricately tied to the possibility of change. Future research will have to better account for the motivations and beliefs of participants in SOCE.

Emerging research reveals that affirmative interventions show promise for alleviating the distress

of children, adolescents, and families around sexual orientation and identity concerns (D'Augelli, 2002, 2003; Goodenow et al., 2006; Perrin, 2002; C. Ryan et al., 2009). However, sexual minority adolescents are underrepresented in research on evidence-based approaches, and sexual orientation issues in children are virtually unexamined (APA, 2008d). Specific research on sexual minority adolescents and children has identified that stigma can be reduced through community interventions, supportive client-centered approaches, and family reconciliation techniques that focus on strengthening the emotional ties of family members to each other, reducing rejection, and increasing acceptance (D'Augelli, 2003; Goodenow et al., 2006; C. Ryan et al., 2009). This line of research should be continued and expanded to include conservatively religious youth and their families.

Finally, we presented a framework for therapy with this population. Although this model is based on accepted principles of psychotherapy and is consistent with evidence-based approaches to psychotherapy, it has not been evaluated for safety and efficacy. Such studies would have to be conducted in the same manner as research on SOCE and in ways that are consistent with current standards (see, e.g., Flay et al., 2005).

Recommendations for basic research

To advance knowledge in the field and improve the lives of individuals distressed by same-sex sexual attractions who seek SOCE, it is recommended that researchers, research-funding organizations, and other stakeholders, including those who establish funding priorities, work together to improve our knowledge of sexuality, sexual orientation, and sexual orientation identity in the following areas:

1. The nature and development of sexuality, sexual orientation, sexual orientation identity across the life span and the correlates to these variables, incorporating differences across age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status.
2. Religious identity and faith development (inclusive of all world religions) and their intersection with other aspects of human life and identity, such as sexual orientation, sexual orientation identity, and the multiple social identity statuses related to privilege and stigma.

3. Identity integration, reduction in distress, and positive mental health for populations of religious sexual minorities and ethnic minority populations.
4. Culture, gender, religion, and race/ethnicity in the experience and construction of sexual orientation and sexual orientation identity.
5. Mental health outcomes of those who choose not to act on their sexual orientation by living celibately or in relationships with other-sex partners.

Recommendations for research in psychotherapy

We recommend that researchers and practitioners rigorously investigate multiculturally competent and affirmative evidence-based treatments for sexual minorities and those distressed by their sexual orientation that do not aim to alter sexual orientation but rather focus on sexual orientation identity exploration, development, and integration without prioritizing one outcome over another, for the following populations:

1. Sexual minorities who have traditional religious beliefs
2. Sexual minorities who are members of ethnic minority and culturally diverse communities both in the United States and internationally
3. Children and adolescents who are sexual minorities or questioning their sexual orientation
4. Parents who are distressed by their children’s perceived future sexual orientation
5. Populations with any combination of the above demographics

Policy

We were asked to make recommendations to APA to inform the association’s response to groups that promote treatments to change sexual orientation or its behavioral expression and to support public policy that furthers affirmative therapeutic interventions.

The debate surrounding SOCE has become mired in ideological disputes and competing political agendas (Drescher, 2003; Drescher & Zucker, 2006). Some organizations opposing civil rights for LGBT individuals advocate SOCE (SPLC, 2005). Other policy concerns involve religious or socially conservative agendas where issues of religious morality conflict with scientific-based conceptions of positive and healthy

development. We encourage APA to continue its advocacy for lesbian, gay, bisexual, and transgender individuals and families and to oppose prejudice against sexual minorities (APA, 2003, 2005, 2006, 2008b). We encourage collaborative activities in pursuit of shared prosocial goals between psychologists and religious communities when such collaboration can be done in a mutually respectful manner that is consistent with psychologists’ professional and scientific roles. These collaborative relationships can be designed to integrate humanitarian perspectives and professional expertise (Tyler, Pargament, & Gatz, 1983).

Thus, the task force urges APA to:

1. Actively oppose the distortion and selective use of scientific data about homosexuality by individuals and organizations seeking to influence public policy and public opinion and take a leadership role in responding to such distortions.
2. Support the dissemination of accurate scientific and professional information about sexual orientation in order to counteract bias that is based on lack of scientific knowledge about sexual orientation.
3. Encourage advocacy groups, elected officials, policymakers, religious leaders, and other organizations to seek accurate information and avoid promulgating inaccurate information about sexual minorities.
4. Seek areas where collaboration with religious leaders, institutions, and organizations can promote the well-being of sexual minorities through the use of accurate scientific data regarding sexual orientation and sexual orientation identity.
5. Encourage the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns to prioritize initiatives that address religious and spiritual concerns and the concerns of sexual minorities from conservative faiths.
6. Adopt a new resolution: the Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts (see Appendix A).⁷²

⁷² The resolution was adopted by the APA Council of Representatives in August 2009.



REFERENCES

- Ackerman, S., & Hilsenroth, M. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review, 23*, 1-33.
- Adams, E., Longoria, V., Hitter, T. L., & Savage, T. A. (2009, January). *Experiences of religiously conservative therapists who are gay-affirmative*. Poster session presented at the National Multicultural Summit, New Orleans, LA.
- Adams, G. R., & Marshall, S. K. (1996). A developmental social psychology of identity: Understanding the person-in-context. *Journal of Adolescence, 19*, 429-442.
- Adams, H. E., & Sturgis, E. T. (1977). Status of behavioral reorientation techniques in the modification of homosexuality: A review. *Psychological Bulletin, 84*, 1171-1188.
- Alessi, E. J. (2008). Staying put in the closet: Examining clinical practice and counter transference issues in work with gay men married to heterosexual women. *Clinical Social Work Journal, 36*, 195-201.
- Allen, D. J. (2001). The role of personality and defense mechanisms in the adjustment to a homosexual identity. *Journal of Homosexuality, 42*, 45-62.
- American Academy of Child & Adolescent Psychiatry. (1989). Inpatient treatment of children and adolescents [Policy statement]. *American Academy of Child and Adolescent Psychiatry*. Retrieved from www.aacap.org/cs/root/policy_statements/inpatient_hospital_treatment_of_children_and_adolescents
- American Academy of Pediatrics. (1999). *Caring for your school age child: Ages 5-12* (E. I. Schor, Ed.). New York: Bantam.
- American Counseling Association Governing Council. (1998). *Affirmative resolution on lesbian, gay, and bisexual people*. Alexandria, VA: Author.
- American Educational Research Association (AERA), American Psychological Association and National Council on Measurement in Education (NCME). (1999). *The standards for educational and psychological testing*. Washington, DC: Author.
- American Psychiatric Association. (1952). *Mental disorders: Diagnostic and statistical manual* (1st ed.). Washington, DC: Author.
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2nd ed.). Washington, DC: Author.
- American Psychiatric Association. (1973). *Homosexuality and civil rights: Position statement*. Retrieved January 5, 2008, from www.psych.org/edu/other_res/lib_archives/archives/197310.pdf.
- American Psychiatric Association. (2000). *Therapies focused on attempts to change sexual orientation (reparative or conversion therapies)*. Retrieved July 5, 2008, from www.psych.org/Departments/EDU/Library/APAOfficial-DocumentsandRelated/PositionStatements/200001.aspx
- American Psychoanalytic Association. (1991). *Position statement: Homosexuality*. Retrieved July 7, 2008, from www.apsa.org/ABOUTAPSAA/POSITION-STATEMENTS/HOMOSEXUALITY/tabid/473/Default.aspx
- American Psychoanalytic Association. (1992). *Position statement: Homosexuality* (Rev.). Retrieved July 7, 2008, from www.apsa.org/ABOUTAPSAA/POSITIONSTATEMENTS/HOMOSEXUALITY/tabid/473/Default.aspx
- American Psychoanalytic Association. (2000). *Position statement on reparative therapy*. Retrieved November 30, 2007, from www.apsa.org/ABOUTAPSAA/POSITIONSTATEMENTS/REPARATIVETHERAPY/tabid/472/Default.aspx

- American Psychological Association. (1975). Resolution on discrimination against homosexuals. *American Psychologists*, 30, 633.
- American Psychological Association. (1992). *Ethical principles of psychologists and code of conduct*. Washington, DC: Author.
- American Psychological Association. (1993). Resolution on lesbian, gay, and bisexual youths in the schools. *American Psychologist*, 48, 782-783.
- American Psychological Association. (1998). Resolution on appropriate therapeutic responses to sexual orientation. *American Psychologist*, 43, 934-935.
- American Psychological Association. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, 55, 1440-1451.
- American Psychological Association. (2002a). *Developing adolescents: A reference guide for professionals*. Retrieved from www.apa.org/pi/pii/develop.pdf
- American Psychological Association. (2002b). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073. Retrieved from www.apa.org/ethics/code2002.html
- American Psychological Association. (2002c). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. Retrieved January 5, 2008, from www.apa.org/pi/multiculturalguidelines/formats.html
- American Psychological Association. (2003). *Lawrence v. Texas: Brief for amicus curiae, Supreme Court of the United States*. Washington, DC. Retrieved February 25, 2008, from <http://www.apa.org/pi/lgbcpolicy/amicusbriefs.html#lawrence>
- American Psychological Association. (2004). Guidelines for psychological practice with older adults. *American Psychologist*, 59, 236-260.
- American Psychological Association. (2005a). *Policy statements on lesbian, gay, and bisexual concerns*. Retrieved July 4, 2008, from www.apa.org/pi/lgbcpolicy/pshome.html
- American Psychological Association. (2005b). *Report of the 2005 Presidential Task Force on Evidence-Based Practice*. Retrieved January 4, 2008, from www.apa.org/practice/ebpreport.pdf
- American Psychological Association. (2005c). Resolution on sexual orientation and marriage and resolution on sexual orientation, parents, and children. *American Psychologist*, 60, 494-496.
- American Psychological Association. (2006a). Policy statement on evidence-based practice in psychology. *American Psychologist*, 61, 475-476
- American Psychological Association. (2006b). Resolution on prejudice, stereotypes, and discrimination. *American Psychologist*, 62, 475-481.
- American Psychological Association. (2007a, March 1). *APA adopts policy statement opposing the teaching of intelligent design as scientific theory* [Press release]. Retrieved from www.apa.org/releases/design.html
- American Psychological Association. (2007b). Guidelines for psychological practice with girls and women. *American Psychologist*, 62, 949-979.
- American Psychological Association. (2008a). Resolution rejecting intelligent design as scientific and reaffirming support for evolutionary theory. *American Psychologist*, 63, 426-427.
- American Psychological Association. (2008b). Resolution on opposing discriminatory legislation and initiatives aimed at lesbian, gay, and bisexual persons. *American Psychologist*, 63, 428-430.
- American Psychological Association. (2008c). Resolution on religious, religion-related, and/or religion-derived prejudice. *American Psychologist*, 63, 431-434.
- American Psychological Association. (2008d). Resolution rejecting intelligent design as scientific and reaffirming support for evolutionary theory. *American Psychologist*, 63, 426-427.
- American Psychological Association. (2008e). *Disseminating evidence-based practice for children & adolescents: A systems approach to enhancing care*. Retrieved February 17, 2009, from <http://www.apa.org/pi/cyfevidence.html>
- American Psychological Association. (2009). *Report of the APA Task Force on Gender Identity and Gender Variance*. Retrieved February 17, 2009, from www.apa.org/pi/lgbcp/transgender/2008TaskForceReport.pdf
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61, 461-480.
- Antze, P. (1976). The role of ideologies in peer psychotherapy organizations: Some theoretical considerations of three case studies. *Journal of Applied Behavioral Science*, 12, 323-346.
- Armon, V. (1960). Some personality variables in overt female homosexuality. *Journal of Projective Techniques*, 24, 293-309.
- Aronson, E., & Mills, J. (1959). The effect of severity of liking for a group. *Journal of Abnormal and Social Psychology*, 59, 177-181.
- Arriola, E. R. (1998). The penalties for puppy love: Institutionalized violence against lesbian, gay, bisexual, and transgender youth. *Journal of Gender, Race, and Justice*, 429, 1-43.
- Astramovich, R. L. (2003). Facilitating spiritual wellness with gays, lesbians, and bisexuals: Composing a spiritual autobiography. In J. S. Whitman & C. J. Boyd (Eds.), *The therapist's notebook for lesbian, gay, and bisexual clients: Homework, handouts and activities for use in psychotherapy* (pp. 210-214). Binghamton, NY: Haworth Clinical Press.
- Auerback, S., & Moser, C. (1987). Groups for the wives of gay and bisexual men. *Social Work*, 32, 321-325.

- Avishai, O. (2008). Doing religion in a secular world: Women in conservative religions and the question of agency. *Gender & Society, 22*, 409-433.
- Bailey, J. M., & Zucker, K. J. (1995). Childhood sex-typed behavior and sexual orientation: A conceptual analysis and quantitative review. *Developmental Psychology, 31*, 43-55.
- Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology, 54*, 306-319.
- Bancroft, J. (1969). Aversion therapy of homosexuality: A pilot study of 10 cases. *British Journal of Psychiatry, 115*, 1417-1431.
- Bancroft, J. (2003). Can sexual orientation change? A long-running saga. *Archives of Sexual Behavior, 32*, 419-468.
- Barlow, D., & Agras, W. (1973). Fading to increase heterosexual responsiveness in homosexuals. *Journal of Applied Behavior Analysis, 6*, 355-366.
- Barlow, D. H., Agras, W. S., Abel, G. G., Blanchard, E. B., & Young, L. D. (1975). Biofeedback and reinforcement to increase heterosexual arousal in homosexuals. *Behaviour Research & Therapy, 13*, 45-50.
- Bartlett, A., King, M., & Phillips, P. (2001). Straight talking: An investigation of the attitudes and practice of psychoanalysts and psychotherapists in relation to gays and lesbians. *British Journal of Psychiatry, 179*, 545-549.
- Bartoli, E. (2007). Religious and spiritual issues in psychotherapy practice: Training the trainer. *Psychotherapy: Theory, Research, Practice, Training, 44*, 54-65.
- Bartoli, E., & Gillem, A. R. (2008). Continuing to depolarize the debate on sexual orientation and religious identity and the therapeutic process. *Professional Psychology: Research and Practice, 39*, 202-209.
- Bassett, R. L., Van Nikkelen-Kuyper, M., Johnson, D., Miller, A., Carter, A., & Grimm, J. P. (2005). Being a good neighbor: Can students come to value homosexual persons? *Journal of Psychology and Theology, 33*, 17-26.
- Batson, C. D., Flink, C. H., Schoenrade, P. A., Fultz, J., & Pych, V. (1986). Religious orientation and overt and covert racial prejudice. *Journal of Personality and Social Psychology, 50*, 175-181.
- Batson, C. D., Naifeh, S. J., & Pate, S. (1978). Social desirability, religiosity, and prejudice. *Journal for the Scientific Study of Religion, 50*, 31-41.
- Baumeister, R. F., & Exline, J. J. (2000). Self-control, morality, and human strength. *Journal of Social and Clinical Psychology, 19*, 29-43.
- Baumeister, R. F., & Muraven, M. (1996). Identity as adaptation to social, cultural, and historical context. *Journal of Adolescence, 19*, 405-416.
- Baumeister, R. F., & Vohs, K. D. (2002). The pursuit of meaningfulness in life. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 608-618). New York: Oxford University Press.
- Bayer, R. (1981). *Homosexuality and American psychiatry: The politics of diagnosis*. New York: Basic Books.
- Beauchamp, T. L., & Childress, J. (2008). *Principles of biomedical ethics* (6th ed.). New York: Oxford University Press.
- Beauvois, J. L. O., & Joule, R. V. (1996). *A radical dissonance theory*. Philadelphia: Taylor & Francis.
- Beckstead, A. L. (2003). Understanding the self-reports of reparative therapy "successes." *Archives of Sexual Behavior, 32*, 421-423.
- Beckstead, A. L., & Morrow, S. L. (2004). Mormon clients' experiences of conversion therapy: The need for a new treatment approach. *The Counseling Psychologist, 32*, 651-690.
- Beckstead, L., & Israel, T. (2007). Affirmative counseling and psychotherapy focused on issues related to sexual orientation conflicts. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 221-244). Washington, DC: American Psychological Association.
- Bell, A. P., & Weinberg, M. S. (1978). *Homosexuality: A study of diversity among men and women*. New York: Simon & Schuster.
- Bell, A. P., Weinberg, M., & Hammersmith, S. K. (1981). *Sexual preference: Its development in men and women*. Bloomington: Indiana University Press.
- Bem, D. (1996). Exotic becomes erotic: A developmental theory of sexual orientation. *Psychological Review, 103*, 320-355.
- Ben-Ari, A. (1995). The discovery that an offspring is gay: Parents', gay men's, and lesbians' perspectives. *Journal of Homosexuality, 30*, 89-112.
- Bene, E. (1965). On the genesis of male homosexuality: An attempt at classifying the role of the parents. *British Journal of Psychiatry, 3*, 803.
- Benoit, M. (2005). Conflict between religious commitment and same-sex attraction: Possibilities for a virtuous response. *Ethics & Behavior, 15*, 309-325.
- Bernstein, B. E. (1990). Attitudes and issues of parents of gay men and lesbians and implications for therapy. *Journal of Gay & Lesbian Psychotherapy, 1*, 37-53.
- Beutler, L. E. (2000). David and Goliath: When empirical and clinical standards of practice meet. *American Psychologist, 55*, 997-1007.
- Biaggio, M., Coan, S., & Adams, W. (2002). Couples therapy for lesbians: Understanding merger and the impact of homophobia. *Journal of Lesbian Studies, 6*, 129-138.
- Bieber, I., Dain, H. J., Dince, P. R., Drellich, M. G., Grand, H. G., Gundlach, R. H., et al. (1962). *Homosexuality: A psychoanalytic study*. New York: Basic Books.
- Bieschke, K. J. (2008). We've come a long way, baby. *The Counseling Psychologist, 36*, 631-638.

- Bieschke, K. J., Perez, R. M., & DeBord, K. A. (Eds.). (2007). *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed.). Washington, DC: American Psychological Association.
- Binder, C. V. (1977). Affection training: An alternative to sexual reorientation. *Journal of Homosexuality*, 2, 251-259.
- Bing, V. M. (2004). Out of the closet but still in hiding: Conflicts and identity issues for a Black-White biracial lesbian. *Women and Therapy*, 27, 185-201.
- Birk, L. (1974). Group psychotherapy for men who are homosexual. *Journal of Sex & Marital Therapy*, 1, 29-52.
- Birk, L., Huddlestone, W., Miller, E., & Cohler, B. (1971). Avoidance conditioning for homosexuality. *Archives of General Psychiatry*, 25, 314-323.
- Blanchard, R. (2008). Review and theory of handedness, birth order, and homosexuality in men. *Laterality: Asymmetries of Body, Brain and Cognition*, 13, 51-70.
- Blechner, M. J. (2008). Selective inattention and bigotry: A discussion of the film *Trembling Before G-d*. *Journal of Gay and Lesbian Mental Health*, 12, 195-204.
- Blitch, J. W., & Haynes, S. N. (1972). Multiple behavioral techniques in a case of female homosexuality. *Journal of Behavior Therapy & Experimental Psychiatry*, 3, 319-322.
- Blumenfeld, W. J. (Ed.). (1992). *How we all pay the price* [Introduction.]. New York: Beacon Press.
- Borowich, A. (2008). Failed reparative therapy of Orthodox Jewish homosexuals. *Journal of Gay and Lesbian Mental Health*, 12, 167-177.
- Boykin, K. (1996). *One more river to cross: Black and gay in America*. New York: Anchor.
- Bozett, F. W. (1982). Heterogeneous couples in heterosexual marriages: Gay men and straight women. *Journal of Marital & Family Therapy*, 8, 81-89.
- Bradley, S., & Zucker, K. (1998). Drs. Bradley and Zucker reply. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 244-245.
- Brandchaft, B. (2007). Systems of pathological accommodation and change in analysis. *Psychoanalytic Psychology* 24, 667-687.
- Bridges, K. L., & Croteau, J. M. (1994). Once-married lesbians: Facilitating life patterns. *Journal of Counseling & Development*, 73, 134-140.
- Bright, C. (2004). Deconstructing reparative therapy: An examination of the processes involved when attempting to change sexual orientation. *Clinical Social Work Journal*, 32, 471-481.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard.
- Brooke, H. L. (2005). "Gays, ex-gays, ex-ex-gays: Examining key religious, ethical, and diversity Issues": A follow-up interview with Douglas Haldeman, Ariel Shidlo, Warren Throckmorton, and Mark Yarhouse. *Journal of Psychology and Christianity*, 24, 343-351.
- Brown, L. S. (1996). Ethical concerns with sexual minority patients. In R. P. Cabaj & T. S. Stein (Eds), *Textbook of homosexuality and mental health* (pp. 887-916). Washington, DC: American Psychiatric Press.
- Brown, L. S. (2006). The neglect of lesbian, gay, bisexual and transgendered clients. In J. Norcross, L. Beutler, & R. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on fundamental questions* (pp. 346-352). Washington, DC: American Psychological Association.
- Brownfain, J. J. (1985). A study of the married bisexual male: Paradox and resolution. *Journal of Homosexuality*, 11(1/2), 173-188.
- Browning, C., Reynolds, A. L., & Dworkin, S. H. (1991). Affirmative psychotherapy for lesbian women. *The Counseling Psychologist*, 19, 177-196.
- Brzezinski, L. G. (2000). *Dealing with disparity: Identity development of same-sex attracted/gay men raised in the Church of Jesus Christ of Latter-Day Saints*. Unpublished doctoral dissertation, University of Utah, Salt Lake City.
- Buchanan, M., Dzelme, K., Harris, D., & Hecker, L. (2001). Challenges of being simultaneously gay or lesbian and spiritual and/or religious: A narrative perspective. *The American Journal of Family Therapy*, 29, 435-449.
- Bullough, V. L. (1976). *Sexual variance in society and history*. Chicago: University of Chicago Press.
- Burack, C., & Josephson, J. J. (2005). *A report from "Love Won Out: Addressing, Understanding, and Preventing Homosexuality."* New York: National Gay and Lesbian Task Force Policy Institute. Retrieved from www.thetaskforce.org/downloads/reports/reports/LoveWonOut.pdf
- Butler, J. (2004). *Undoing gender*. New York: Routledge.
- Buxton, A. P. (1994). *The other side of the closet: The coming-out crisis for straight spouses and families*. New York: Wiley.
- Buxton, A. P. (2001). Writing our own script: How bisexual men and their heterosexual wives maintain their marriages after disclosure. *Journal of Bisexuality*, 1(2-3), 155-189.
- Buxton, A. P. (2004). Works in progress: How mixed-orientation couples maintain their marriages after their wives come out. *Journal of Bisexuality*, 1/2, 57-82.
- Buxton, A. P. (2007). Counseling heterosexual spouses of bisexual or transgender partners. In B. Firestein (Ed.), *Becoming visible: counseling bisexuals across the lifespan* (pp. 395-416). New York: Columbia University Press.
- Byrd, A. D., & Nicolosi, J. (2002). A meta-analytic review of treatment of homosexuality. *Psychological Reports*, 90, 139-152.
- Byrd, A. D., Nicolosi, J., & Potts, R. W. (2008). Clients' perceptions of how reorientation therapy and self-help can promote changes in sexual orientation. *Psychological Reports*, 102, 3-28.
- Callahan, E. J., & Leitenberg, H. (1973). Aversion therapy for sexual deviation: Contingent shock and covert sensitization. *Journal of Abnormal Psychology*, 81, 60-73.

- Campos, P. E., & Goldfried, M. E. (2001). Introduction: Perspectives on gay, lesbian, and bisexual clients. *Journal of Clinical Psychology, 57*, 609-613.
- Carlsson, G. (2007). Counseling the bisexual married man. In B.A. Firestein (Ed.), *Becoming visible: Counseling bisexuals across the lifespan* (pp. 108-126). New York: Columbia University Press.
- Carrillo, H. (2002). *The night is young: Sexuality in Mexico in the time of AIDS*. Chicago: University of Chicago Press.
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist, 35*, 13-105.
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality, 4*, 219-235.
- Cass, V. C. (1983/1984). Homosexual identity: A concept in need of definition. *Journal of Homosexuality, 9*(2-3), 105-126.
- Castonguay, L. G., Proulx, J., Aubut, J., McKibben, A., & Campbell, M. (1993). Sexual preference assessment of sexual aggressors: Predictors of penile response magnitude. *Archives of Sexual Behavior, 22*, 325-334.
- Cates, J. A. (2007). Identity in crisis: Spirituality and homosexuality in adolescence. *Child and Adolescent Social Work Journal, 24*, 369-383.
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology, 66*, 7-18.
- Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology, 52*, 685-716.
- Chan, C. S. (1997). Don't ask, don't tell, don't know: The formation of a homosexual identity and sexual expression among Asian American lesbians. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men* (pp. 240-248). Thousand Oaks, CA: Sage.
- Chang, Y. B., & Katayama, M. (1996). Assessment of sexual orientation in lesbian/gay/bisexual studies. *Journal of Homosexuality, 30*(4), 49-62.
- Chivers, M. L., Seto, M. C., & Blanchard, R. (2007). Gender and sexual orientation differences in sexual response to sexual activities versus gender of actors in sexual films. *Journal of Personality and Social Psychology, 93*, 1108-1121.
- Cianciotto, J., & Cahill, S. (2006). *Youth in the crosshairs: The third wave of ex-gay activism*. New York: National Gay and Lesbian Task Force.
- Cochran, S. D., & Mays, V. M. (2006). Estimating prevalence of mental and substance using disorders among lesbians and gay men from existing national health data. In A. Omoto & H. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 143-165). Washington DC: American Psychological Association.
- Cohen, K. M., & Savin-Williams, R. C. (2004). Growing up with same-sex attractions. *Current Problems in Pediatric and Adolescent Health Care, 34*, 361-369.
- Coleman, E. (1981/1982). Developmental stages of the coming out process. *Journal of Homosexuality, 7*(2/3), 31-43.
- Coleman, E. (1989). The married lesbian. *Marriage & Family Review, 14*(3/4), 119-135.
- Colson, C. E. (1972). Olfactory aversion therapy for homosexual behavior. *Journal of Behavior Therapy & Experimental Psychiatry, 3*, 185-187.
- Comstock, G. D. (1996). *Unrepentant, self-affirming, practicing: Lesbian/bisexual/gay people within organized religion*. London: Continuum International Publishing Group.
- Conger, J. J. (1975). Proceedings of the American Psychological Association, Incorporated, for the year 1974: Minutes of the annual meeting of the Council of Representatives. *American Psychologist, 30*, 620-651.
- Conover, W. (1980). *Practical non-parametric statistics*. New York: Wiley.
- Conrad, S. R., & Wincze, J. P. (1976). Orgasmic reconditioning: A controlled study of its effects upon the sexual arousal and behavior of adult male homosexuals. *Behavior Therapy, 7*, 155-166.
- Cook, D. A., & Wiley, C. Y. (2000). Psychotherapy with members of African-American churches and spiritual traditions. In P. S. Richards & A. E. Bergin, (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 369-398). Washington, DC: American Psychological Association.
- Cook, D. J., Mulrow, C. D., & Haynes, R. B. (1998). Synthesis of best evidence for clinical decisions. In C. D. Mulrow & D. J. Cook (Eds.), *Systematic reviews: Synthesis of best evidence for health care decisions*. Philadelphia: American College of Physicians.
- Corbett, K. (1996). Homosexual boyhood: Notes on girlyboys. *Gender & Psychoanalysis, 1*, 429-461.
- Corbett, K. (1998). Cross-gendered identifications and homosexual boyhood: Toward a more complex theory of gender. *American Journal of Orthopsychiatry, 68*, 352-360.
- Corbett, K. (2001). More life: Centrality and marginality in human development. *Psychoanalytic Dialogues, 11*, 313-335.
- Corley, M. D., & Kort, J. (2006). The sex addicted mixed-orientation marriage: Examining attachment styles, internalized homophobia and viability of marriage after disclosure. *Sexual Addiction & Compulsivity, 13*(2-3), 167-193.
- Corliss, H. L., Cochran, S. D., & Mays, V. (2002). Reports of parental maltreatment during childhood in a United States population-based survey of homosexual, bisexual, and heterosexual adults. *Child Abuse & Neglect, 26*, 1165-1178.
- Coyle, A. (1993). A study of psychological well-being among gay men using the GHQ-30. *British Journal of Clinical Psychology, 32*, 218-220.

- Coyle, A., & Rafalin, D. (2000). Jewish gay men's accounts of negotiating cultural, religious, and sexual identity: A qualitative study. *Journal of Psychology & Human Sexuality, 12*, 21-48.
- Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behavior, 18*, 93-114.
- Crawford, I., Allison, K., Zamboni, B., & Soto, T. (2002). The influence of dual identity development on the psychosocial functioning of African-American gay and bisexual men. *Journal of Sex Research, 39*, 179-189.
- Curtis, R. H., & Presly, A. S. (1972). The extinction of homosexual behavior by covert sensitization: A case study. *Behaviour Research & Therapy, 10*, 81-83.
- D'Augelli, A. R. (1994). Lesbian and gay male development: Steps toward an analysis of lesbians' and gay men's lives. In B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical application* (pp. 118-132). Newbury Park, CA: Sage.
- D'Augelli, A. R. (2002). Mental health problems among lesbian, gay, and bisexual youths ages 14 to 21. *Clinical Child Psychology and Psychiatry, 7*, 439-462.
- D'Augelli, A. R. (2003). Lesbian and bisexual female youths aged 14 to 21: Developmental challenges and victimization experiences. *Journal of Lesbian Studies, 7*, 9-29.
- D'Augelli, A. R., & Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology, 21*, 421-448.
- D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (1998). Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry, 68*, 361-371.
- D'Augelli, A. R., & Patterson, C. J. (Eds.). (1995). *Lesbian, gay, and bisexual identities over the lifespan*. New York: Oxford University Press.
- D'Augelli, A. R., & Patterson, C. J. (Eds.). (2001). *Lesbian, gay, and bisexual identities and youths: Psychological perspectives*. New York: Oxford University Press.
- David, S., & Knight, B. G. (2008). Stress and coping among gay men: Age and ethnic differences. *Psychology and Aging, 23*, 62-69.
- Davis, S. (2002). Autonomy versus coercion: Reconciling competing perspectives in community mental health. *Community Mental Health Journal, 38*, 239-250.
- Davison, G. C. (1976). Homosexuality: The ethical challenge. *Journal of Consulting and Clinical Psychology, 44*, 157-162.
- Davison, G. C. (1978). Not can but ought: The treatment of homosexuality. *Journal of Consulting and Clinical Psychology, 46*, 170-172.
- Davison, G. C. (1982). Conceptual and ethical issues in therapy for the psychological problems of gay men, lesbians, and bisexuals. *JCLP/In Session: Psychotherapy in Practice, 57*, 695-704.
- Davison, G. C. (1991). Constructionism and morality in therapy for homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 137-148). Newbury Park, CA: Sage.
- Davison, G. C., & Wilson, G. T. (1973). Attitudes of behavior therapists toward homosexuality. *Behavior Therapy, 4*, 686-696.
- D'Emilio, J. (1983). *Sexual politics, sexual communities: The making of a homosexual minority in the United States 1940-1970*. Chicago: University of Chicago Press.
- de Jong, A., & Jivraj, S. (2002, September/October). The journey to self-acceptance: Working with and for lesbian and gay refugees from Muslim countries. *InExile*. Retrieved February 10, 2009, from <http://www.safraproject.org/Reports/Inexile.pdf>
- de la Huerta, C. (1999). *Coming out spiritually: The next step*. New York: Penguin Putnam.
- Denizet-Lewis, B. (2003, August). Double lives on the down low. *The New York Times*. August 3, 2003. Retrieved February 10, 2009, from <http://query.nytimes.com/gst/fullpage.html?sec=health&res=9F0CE0D61E3FF930A3575BC0A9659C8B63>
- Diamond, L. M. (1998). Development of sexual orientation among adolescent and young adult women. *Developmental Psychology, 34*, 1085-1095.
- Diamond, L. M. (2003). Was it a phase? Young women's relinquishment of lesbian/bisexual identities over a 5-year period. *Journal of Personality and Social Psychology, 84*, 352-364.
- Diamond, L. M. (2006). What we got wrong about sexual identity development: Unexpected findings from a longitudinal study of young women. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 73-94). Washington, DC: American Psychological Association.
- Diamond, L. M. (2008). Female bisexuality from adolescence to adulthood: Results from a 10-year longitudinal study. *Developmental Psychology, 44*, 5-14.
- Diamond, L. M., & Savin-Williams, R. C. (2000). Explaining diversity in the development of same-sex sexuality among young women. *Journal of Social Issues, 56*, 297-313.
- Diaz, R. M., Ayala, G., & Bein, E. (2004). Sexual risk as an outcome of social oppression: Data from a probability sample of Latino gay men in three U.S. cities. *Cultural Diversity and Ethnic Minority Psychology, 10*, 255-267.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*, 34-43.

- Dillon, F. R., Worthington, R. L., Bielstein Savoy, H. B., Rooney, S. C., Becker-Schutte, A., & Guerra, R. M. (2004). On becoming allies: A qualitative study of LGB-affirmative counselor training. *Counselor Education & Supervision, 43*, 162-178.
- DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 138-159). Thousand Oaks, CA: Sage.
- Dorff, E., Nevins, D., & Reisner, A. (2006) *Homosexuality, human dignity and halakhah*. Retrieved December 31, 2008, from http://rabbinicalassembly.org/law/teshuvot_public.html
- Drescher, J. (1998a). I'm your handyman: A history of reparative therapies. *Journal of Homosexuality, 36*, 19-42.
- Drescher, J. (1998b). *Psychoanalytic therapy and the gay man*. Hillsdale, NJ: Analytic Press.
- Drescher, J. (1999). The therapist's authority and the patient's sexuality. *Journal of Gay & Lesbian Psychotherapy, 3*, 61-80.
- Drescher, J. (2001). Ethical concerns raised when patients seek to change same-sex attractions. *Journal of Gay & Lesbian Psychotherapy, 5*(3/4), 181-210.
- Drescher, J. (2002). Causes and becauses: On etiological theories of homosexuality. *The Annual of Psychoanalysis, 30*, 57-68.
- Drescher, J. (2003). The Spitzer study and the culture wars. *Archives of Sexual Behavior, 32*, 431-432.
- Drescher, J., & Merlino, J. P. (Eds.). (2007). *American psychiatry and homosexuality: An oral history*. New York: Harrington Park Press.
- Drescher, J., Stein, T. S., & Byne, W. (2005). Homosexuality, gay, and lesbian identities, and homosexual behavior. In B. Sadock & V. Sadock (Eds.), *Kaplan and Sadock's comprehensive textbook of psychiatry* (8th ed., pp. 1936-1965). Baltimore: Lippincott Williams & Wilkins/Wolters Kluwer.
- Drescher, J., & Zucker, K. J. (Eds.). (2006). *Ex-gay research: Analyzing the Spitzer study and its relation to science, religion, politics, and culture*. New York: Harrington Park Press.
- Dunne, M. P., Bailey, J., Kirk, K. M., & Martin, N. G. (2000). The subtlety of sex-atypicality. *Archives of Sexual Behavior, 29*, 549-565.
- Durlak, J. A., Meerson, I., & Ewell Foster, C. J. (2003). Meta-analysis. In J. C. Thomas, & M. Hersen (Eds.), *Understanding research in clinical and counseling psychology* (pp. 243-267). Mahwah, NJ: Erlbaum.
- Dworkin, S. (1997). Female, lesbian, and Jewish: complex and invisible. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men* (pp. 63-87). Thousand Oaks, CA: Sage.
- Dworkin, S. H. (2001). Treating the bisexual client. *Journal of Clinical Psychology, 57*, 671-680.
- Ellis, A. (1956). The effectiveness of psychotherapy with individuals who have severe homosexual problems. *Journal of Consulting Psychology, 20*, 191-195.
- Ellis, A. (1959). A homosexual treated with rational psychotherapy. *Journal of Clinical Psychology, 15*, 338-343.
- Ellis, A. (1965). *Homosexuality: Its causes and cure*. New York: Lyle Stuart.
- Emmons, R. A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality*. New York: Guilford Press.
- Emmons, R. A., & Paloutzian, R. E. (2003). The psychology of religion. *Annual Review of Psychology, 54*, 377-402.
- Enns, C. Z. (2008). Toward a complexity paradigm for understanding gender role conflict. *The Counseling Psychologist, 36*, 446-454.
- Erzen, T. (2006). *Straight to Jesus: Sexual and Christian conversions in the ex-gay movement*. Los Angeles: University of California Press.
- Espin, O. M. (2005, January). *The age of the cookie cutter has passed: Contradictions in identity at the core of therapeutic intervention*. Paper presented at the National Multicultural Conference and Summit IV, Los Angeles, CA.
- Eubanks-Carter, C., Burckell, L. A., & Goldfried, M. R. (2005). Enhancing therapeutic effectiveness with lesbian, gay, and bisexual clients. *Clinical Psychology: Science & Practice, 12*, 1-18.
- Exline, J. J. (2002). Stumbling blocks on the religious road: Fractured relationships, nagging vices, and inner struggle to believe. *Psychological Inquiry, 13*, 182-189.
- Faiver, C., & Ingersoll, R. E. (2005). Knowing one's limits. In C. S. Cashwell & J. S. Young (Ed.), *Integrating spirituality and religion into counseling: A guide to competent practice* (pp. 169-184). Alexandria, VA: American Counseling Association.
- Farber, B. A., & Lane, J. S. (2002). Positive regard. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 175-194). New York: Oxford University Press.
- Fassinger, R. E., & Arseneau, J. R. (2006). "I'd rather get wet than be under that umbrella": Differentiating the experiences and identities of lesbian, gay, bisexual, and transgender people. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 19-49). Washington, DC: American Psychological Association.
- Feldman, M. P., & MacCulloch, M. J. (1965). The application of anticipatory avoidance learning to the treatment of homosexuality: I. Theory, technique, and preliminary results. *Behaviour Research & Therapy, 3*, 165-183.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Palo Alto, CA: Stanford University Press.

- Firestein, B. A. (Ed). (2007). *Becoming visible: Counseling bisexuals across the lifespan*. New York: Columbia University Press.
- Fischer, A. R., & DeBord, K. A. (2007). Perceived conflicts between sexual and religious diversity affirmation: "That's perceived." In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 317-339). Washington, DC: American Psychological Association.
- Fischer, A. R., & Good, G. E. (1997). Men and psychotherapy: An investigation of alexithymia, intimacy, and masculine gender roles. *Psychotherapy: Theory, Research, Practice, Training, 43*, 160-170.
- Fisher, R. J., & Katz, J. E. (2000). Social-desirability bias and the validity of self-reported values. *Psychology and Marketing, 17*, 105-120.
- Flay, B. R., Biglan, A., Boruch, R. F., Castro, F. G., Gottfredson, D., Kellam, S., et al. (2005). Standards of evidence: Criteria for efficacy, effectiveness, and dissemination. *Prevention Science, 6*, 151-175.
- Floyd, F. J., & Stein, T. S. (2002). Sexual orientation identity formation among gay, lesbian and bisexual youths: Multiple patterns of milestone. *Journal of Research on Adolescence, 12*, 167-191.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21*, 219-239.
- Fontaine, J. H., & Hammond, N. L. (1996). Counseling issues with gay and lesbian adolescents. *Adolescence, 31*, 817-830.
- Fookes, B. H. (1960). Some experiences in the use of aversion therapy in male homosexuality, exhibitionism, and fetishism-transvestism. *British Journal of Psychiatry, 115*, 339-341.
- Ford, C. S., & Beach, F. A. (1951). *Patterns of sexual behavior*. New York: Harper & Row.
- Ford, J. G. (2001). Healing homosexuals: A psychologist's journey through the ex-gay movement and the pseudo-science of reparative therapy. *Journal of Gay and Lesbian Psychotherapy, 5*, 69-86.
- Forehand, H., & Ciccone, J. R. (2004). The competence of adolescents to consent to treatment. *Adolescent Psychiatry, 28*, 5-27.
- Forstein, M. (2001). Overview of ethical and research issues in sexual orientation therapy. *Journal of Gay & Lesbian Psychotherapy, 5*(3/4), 167-179.
- Fowers, B. J., & Davidov, B. J. (2006). The virtue of multiculturalism: Personal transformation, character, and openness to the other. *American Psychologist, 61*, 581-594.
- Fowler, J. (1981). *Stages of faith: The psychology of human development and the quest for meaning*. New York: Harper & Row.
- Fowler, J. (1991). Stages in faith consciousness. *New Directions for Child Development, 52*, 27-45.
- Fowler, J. W. (2001). Faith development theory and the postmodern challenges. *International Journal for the Psychology of Religion, 11*, 159-172.
- Fox, R. C. (1995). Bisexual identities. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay and bisexual identities across the lifespan* (pp. 48-86). New York: Oxford University Press.
- Fox, R. C. (Ed.). (2004). *Current research on bisexuality*. Ithaca, NY: Harrington Park Press. [Published simultaneously as *Journal of Bisexuality, 4*(1/2).]
- Frankl, V. (1992). *Man's search for meaning* (4th ed.). New York: Simon & Schuster.
- Freeman, W., & Meyer, R. G. (1975). A behavioral alteration of sexual preferences in the human male. *Behavior Therapy, 6*, 206-212.
- Freud, S. (1960). Three essays on the theory of sexuality. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, 123-143). London: Hogarth. (Original work published 1905)
- Freud, S. (1960). The psychogenesis of a case of homosexuality in a woman. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, 147-172). London: Hogarth. (Original work published 1920)
- Freud, S. (1960). Anonymous (Letter to an American mother). In E. Freud (Ed.), *The letters of Sigmund Freud* (pp. 423-424). New York: Basic Books. (Original work published 1935)
- Freund, K. (1971). A note on the use of the phallometric method of measuring mild sexual arousal in the male. *Behavior Therapy, 2*, 223-228.
- Freund, K. (1976). Psycho-physiological assessment of change in erotic preferences. *Behavioral Research and Therapy, 15*, 297-301.
- Freund, K., & Blanchard, R. (1983). Is the distant relationship of fathers and homosexual sons related to the sons' erotic preference for male partners, or to the sons' atypical gender identity, or to both? *Journal of Homosexuality, 9*, 7-25.
- Freund, K., & Pinkava, V. (1961). Homosexuality in man and its association with parental relationships. *Review of Czechoslovak Medicine, 7*, 32-40.
- Freund, K., Watson, R., & Rienzo, D. (1988). Signs of feigning in the phallometric test. *Behaviour Research & Therapy, 26*, 105-112.
- Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology, 56*, 97-109.
- Fulton, A. S., Gorsuch, R. L., & Maynard, E. A. (1999). Religious orientation, antihomosexual sentiment and fundamentalism among Christians. *Journal for the Scientific Study of Religion, 38*, 14-22.

- Garnets, L. D., Hancock, K., Cochran, S., Goodchilds, J., & Peplau, L. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. *American Psychologist*, *46*, 964-972.
- Garnets, L. D., & Peplau, L. A. (2000). Understanding women's sexualities and sexual orientations: An introduction. *Journal of Social Issues*, *56*, 181-192.
- Garofalo, R., & Harper, G. W. (2003). Not all adolescents are the same: Addressing the unique needs of gay and bisexual male youth. *Adolescent Medicine*, *14*, 595-612.
- Gartner, R. (1999). *Betrayed as boys*. New York: Guilford Press.
- George, L., Larson, D., Koenig, H., & McCullough, M. (2000). Spirituality and health: What we know and what we need to know. *Journal of Social and Clinical Psychology*, *19*, 102-116.
- Glassgold, J. M. (1995). Psychoanalysis with lesbians: Self-reflection and agency. In J. M. Glassgold & S. Iasenza (Eds.), *Lesbians & psychoanalysis: Revolutions in theory and practice*. New York: The Free Press.
- Glassgold, J. M. (2007). "In dreams begin responsibilities": Psychology, agency & activism. *Journal of Gay and Lesbian Mental Health*, *11*(3/4), 37-57.
- Glassgold, J. M. (2008). Bridging the divide: Integrating lesbian identity and orthodox Judaism. *Women and Therapy*, *31*, 59-73.
- Glassgold, J. M., & Iasenza, S. (1995). *Lesbians & psychoanalysis: Revolutions in theory and practice* [Introduction]. New York: The Free Press
- Glassgold, J. M., & Iasenza, S. (2004). Lesbians, feminism and psychoanalysis: The second wave [Introduction]. *Journal of Lesbian Studies*, *8*(1/2), 1-10.
- Glassgold, J. M., & Knapp, S (2008). Ethical issues in screening clergy or candidates for religious professions for denominations that exclude homosexual clergy. *Professional Psychology: Research and Practice*, *39*, 346-352.
- Gochros, J. S. (1989). *When husbands come out of the closet*. Binghamton, NY: Harrington.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Goishi, M. A. (1997). Legal and social responses to the problems of queer youth: Unlocking the closet door: Protecting children from involuntary civil commitment because of their sexual orientation. *Hastings Law Journal*, *48*.
- Goldfried, M. R., & Goldfried, A. P. (2001). The importance of parental support in the lives of lesbian, gay, and bisexual individuals. *Journal of Clinical Psychology*, *57*, 681-693.
- Goldstein, E. D. (2007). Sacred moments: Implications on well-being and stress. *Journal of Clinical Psychology*, *63*, 1001-1019.
- Gonsiorek, J. C. (1991). The empirical basis for the demise of the illness model of homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 115-136). Newbury Park, CA: Sage.
- Gonsiorek, J. C. (2004). Reflections from the conversion therapy battlefield. *The Counseling Psychologist*, *32*, 750-759.
- Gonsiorek, J. C., Sell, R. L., & Weinrich, J. D. (1995). Definition and measurement of sexual orientation. *Suicide and Life-Threatening Behavior*, *25*, 40-51.
- Goodenow, C., Szalacha L., & Westheimer K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, *43*, 573-589.
- Goodheart, C. D., Kazdin, A. E., & Sternberg, R. J. (Eds.). (2006). *Evidence-based psychotherapy: Where practice and research meet*. Washington, DC: American Psychological Association.
- Graham, L. K. (1997). *Discovering images of God: Narratives of care among lesbians and gays*. Louisville, KY: Westminster John Knox Press.
- Gramick, J. (1984). Developing a lesbian identity. In T. Darty & S. Potter (Eds.), *Women-identified women* (pp. 31-44). Palo Alto, CA: Mayfield.
- Gray, J. J. (1970). Case conference: Behavior therapy in a patient with homosexual fantasies and heterosexual anxiety. *Journal of Behavior Therapy & Experimental Psychiatry*, *1*, 225-232.
- Green, R. (1985). Gender identity in childhood and later sexual orientation: Follow-up of 78 males. *American Journal of Psychiatry*, *142*, 339-441.
- Green, R. (1987). *The "sissy boy syndrome" and the development of homosexuality*. New Haven, CT: Yale University Press.
- Green, R. J. (2003). When therapists do not want their clients to be homosexual: A response to Rosik's article. *Journal of Marital and Family Therapy*, *29*, 29-38.
- Greenberg, S. (2004). *Wrestling with God and men: Homosexuality in the Jewish tradition*. Madison: University of Wisconsin.
- Greenspoon, J., & Lamal, P. A. (1987). A behavioristic approach. In L. Diamant (Ed), *Male and female homosexuality: Psychological approaches* (pp. 109-128). Washington, DC: Hemisphere.
- Gross, M. (2008). To be Christian and homosexual. From shame to identity-based claims. *Nova Religio*, *11*, 77-101.
- Hage, S. M. (2006). A closer look at the role of spirituality in psychology training programs. *Professional Psychology: Research and Practice*, *37*, 303-310.

- Halbertal, T. H., & Koren, I. (2006). Between "being" and "doing": Conflict and coherence in the identity formation of gay and lesbian orthodox Jews. In D. P. McAdams, R. Josselson, & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (p. 37-61). Washington, DC: American Psychological Association.
- Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology, 62*, 221-227.
- Haldeman, D. C. (1996). Spirituality and religion in the lives of lesbians and gay men. In R. P. Cabaj & T. S. Stein (Eds.), *Textbook of homosexuality and mental health* (pp. 881-896). Washington, DC: American Psychiatric Press.
- Haldeman, D. C. (2000). Gender atypical youth: Clinical and social issues. *School Psychology Review, 29*, 192-200.
- Haldeman, D. C. (2001). Therapeutic antidotes: Helping gay and bisexual men recover from conversion therapies. *Journal of Gay and Lesbian Psychotherapy, 5*(3-4), 117-130.
- Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology, 33*, 200-204.
- Haldeman, D. C. (2004). When sexual and religious orientation collide: Considerations in working with conflicted same-sex attracted male clients. *The Counseling Psychologist, 32*, 691-715.
- Hall, M. E. L., & Johnson, E. J. (2001). Theodicy and therapy: Philosophical/theological contributions to the problem of suffering. *Journal of Psychoogy and Christianity, 20*, 5-17.
- Hallam, R. S., & Rachman, S. (1972). Some effects of aversion therapy on patients with sexual disorders. *Behaviour Research & Therapy, 10*, 171-180.
- Hallman, J. (2008). *The heart of female same-sex attraction*. Downer's Grove, IL: Intervarsity Press
- Halstead, J. M., & Lewicka, K. (1998). Should homosexuality be taught as an acceptable alternative lifestyle? A Muslim perspective. *Cambridge Journal of Education, 28*, 49-64.
- Hanson, R. W., & Adesso, V. J. (1972). A multiple behavioral approach to male homosexual behavior: A case study. *Journal of Behavior Therapy & Experimental Psychiatry, 3*, 323-325.
- Harper, G. W., Jamil, O. B., & Wilson, B. D. M. (2007). Collaborative community-based research as activism: Giving voice and hope to lesbian, gay, and bisexual youth. *Journal of Lesbian and Gay Psychotherapy, 11*(3/4), 99-119.
- Harper, G. W., Jernewall, N., & Zea, M. C. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. *Cultural Diversity and Ethnic Minority Psychology, 10*, 187-199.
- Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry, 70*, 42-57.
- Harris, J. I., Cook, S. W., & Kashubeck-West, S. (2008). Religious attitudes, internalized homophobia, and identity in gay and lesbian adults. *Journal of Gay and Lesbian Mental Health, 12*, 205-225.
- Hart, T. A., & Heimberg, R. G. (2001). Presenting problems among treatment-seeking gay, lesbian, and bisexual youth. *Journal of Clinical Psychology, 57*, 615-627.
- Hartman, R. G. (2000). Adolescent autonomy: Clarifying an ageless conundrum. *Hastings Law Journal, 51*, 1265.
- Hartman, R. G. (2002). Coming of age: Devising legislation for adolescent medical decision-making. *American Journal of Law and Medicine, 28*, 409.
- Hathaway, W. L., Scott, S. Y., & Garver, S. A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice, 35*, 97-104.
- Hatzenbuehler, M. L., Nolen-Hoeksema, S. & Erickson, S. J. (2008). Depressive symptoms: Results from a prospective study of bereaved Gay men. *Health Psychology, 27*, 455-462.
- Hayduk, L. A., Stratkotter, R. F., & Rovers, M. W. (1997). Sexual orientation and the willingness of Catholic seminary students to conform to church teachings. *Journal for the Scientific Study of Religion, 36*(3), 455-467.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2003). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York: Guildford Press.
- Hays, D., & Samuels, A. (1989). Heterosexual women's perceptions of their marriages to bisexual or homosexual men. *Journal of Homosexuality, 18*(1-2), 81-100.
- Heinz, B., Gu, L., Inuzuka, A., & Zender, R. (2002). Under the rainbow flag: Webbing global gay identities. *International Journal of Sexuality & Gender Studies, 7*, 107-124.
- Hekma, G. (2002). Imams and homosexuality: A post-gay debate in the Netherlands. *Sexualities, 5*, 237-248.
- Helminiak, D. A. (2004). The ethics of sex: A call to the gay community. *Pastoral Psychology, 52*, 259-267.
- Helms, J. E. (1995). An update of Helms' White and people of color racial identity models. In J. G. Ponterotto, J. M. Casas, A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-198). Thousand Oaks, CA: Sage.
- Heppner, P. P., & Heppner, M. J. (2008). The gender role conflict literature: Fruits of sustained commitment. *The Counseling Psychologist, 36*, 455-461.
- Herek, G. M. (1987). Religion and prejudice: A comparison of racial and sexual attitudes. *Personality and Social Psychology Bulletin, 13*, 56-65.
- Herek, G. M. (2003). Evaluating interventions to alter sexual orientation: Methodological and ethical considerations. *Archives of Sexual Behavior, 32*, 438-439.
- Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues, 63*, 905-925.

- Herek, G. M. (2009). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Nebraska Symposium on Motivation: Vol. 54. Contemporary perspectives on lesbian, gay, and bisexual identities* (pp. 65-111). New York: Springer.
- Herek, G. M., & Capitano, J. P. (1996). "Some of my best friends": Intergroup contact, concealable stigma, and heterosexuals' attitudes toward gay men and lesbians. *Personality and Social Psychology Bulletin, 22*, 412-424.
- Herek, G. M., Cogan, J. C., Gillis, J. R., & Glunt, E. K. (1998). Correlates of internalized homophobia in a community sample of lesbians and gay men. *Journal of the Gay and Lesbian Medical Association, 2*, 17-25.
- Herek, G. M., & Garnets, L. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology, 3*, 353-375.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology, 56*, 32-43.
- Herek, G. M., & Glunt, E. K. (1993). Interpersonal contact and heterosexuals' attitudes toward gay men: Results from a national survey. *The Journal of Sex Research, 30*, 239-244.
- Herman, S. H., Barlow, D. H., & Agras, W. S. (1974). An experimental analysis of exposure to "explicit" heterosexual stimuli as an effective variable in changing arousal patterns of homosexuals. *Behaviour Research & Therapy, 12*, 335-345.
- Herman, S. H., & Prewett, M. (1974). An experimental analysis of feedback to increase sexual arousal in a case of homo- and heterosexual impotence: A preliminary report. *Journal of Behavior Therapy & Experimental Psychiatry, 5*, 271-274.
- Hernandez, B. C., & Wilson, C. M. (2007). Another kind of ambiguous loss: Seventh-day Adventist women in mixed-orientation marriages. *Family Relations, 56*, 184-195.
- Hetrick, E. S., & Martin, A. D. (1987). Developmental issues and their resolution for gay and lesbian adolescents. *Journal of Homosexuality, 14*, 25-43.
- Higgins, D. J. (2006). Same-sex attraction in heterosexually partnered men: Reasons, rationales and reflections. *Sexual and Relationship Therapy, 21*, 217-228.
- Hill, L. G., & Betz, D. L. (2005). Revisiting the retrospective pretest. *American Journal of Evaluation, 26*, 501-517.
- Hoburg, R., Konik, J., Williams, M., & Crawford, M. (2004). Bisexuality among self-identified heterosexual college students. *Journal of Bisexuality, 4*(1/2), 25-36.
- Hoffman, L., Knight, S. K., Hoffman, J. L., Boscoe-Huffman, S., Galaska, D., & Arms, M., et al. (2007, August). *Examining the interplay of religious, spiritual, and homosexual dynamics of psychological health: A preliminary investigation*. Poster session presented at the annual meeting of the American Psychological Association, San Francisco.
- Holtzen, D. W., & Agriesti, A. A. (1990). Parental responses to gay and lesbian children: Differences in homophobia, self-esteem, and sex-role stereotypes. *Journal of Social & Clinical Psychology, 9*, 390-399.
- Hooker, E. A. (1957). The adjustment of the male overt homosexual. *Journal of Projective Techniques, 21*, 18-31.
- Hooker, E. A. (1969). Parental relations and male homosexuality in patient and nonpatient populations. *Journal of Consulting and Clinical Psychology, 33*, 140-142.
- Horlacher, G. T. (2006, October). *Religion and sexual orientation in conflict: Changing values of same-sex oriented Mormons*. Paper presented at the annual meeting of the Society for the Scientific Study of Religion, Portland, OR.
- Horne, S., & Noffsinger-Frazier, N. (2003). Reconciling with religion/exploring spirituality. In J. S. Whitman & C. J. Boyd (Eds.), *The therapist's notebook for lesbian, gay, and bisexual clients: Homework, handouts and activities for use in psychotherapy* (pp. 202-205). Binghamton, NY: Haworth Clinical Press.
- Horvath, A. O., & Bedi, R. P. (2002). The alliance. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 37-69). New York: Oxford.
- Huff, F. W. (1970). The desensitization of a homosexual. *Behaviour Research & Therapy, 8*, 99-102.
- Humphreys, K. (2004). *Circles of recovery: Self-help organizations for addictions*. Cambridge, England: Cambridge University Press.
- Hunsberger, B., & Jackson, L. M. (2005). Religion, meaning, and prejudice. *Journal of Social Issues, 61*, 807-826.
- Hunt, E., & Carlson, J. (2007). The standards for conducting research on topics of immediate social relevance. *Intelligence, 35*, 393-399.
- Isay, R. A. (1987). Fathers and their homosexually-inclined sons in childhood. *Psychoanalytic Study of the Child, 42*, 275-294.
- Isay, R. A. (1998). Heterosexually married homosexual men: Clinical and developmental issues. *American Journal of Orthopsychiatry, 68*, 424-432.
- Isay, R. A. (2001). The development of sexual identity in homosexual men. In S. I. Greenspan & G. H. Pollock (Eds.), *The course of life: Adolescence* (Vol. 4, pp. 469-491). Madison, CT: International Universities Press.
- Israel, T., & Hackett, G. (2004). Counselor education on lesbian, gay, and bisexual issues: Comparing information and attitude exploration. *Counselor Education & Supervision, 43*, 179-191.
- Israel, T., Ketz, K., Detrie, P. M., Burke, M. C., & Shulman, J. (2003). Identifying counselor competencies for working with lesbian, gay, and bisexual clients. *Journal of Gay & Lesbian Psychotherapy, 7*, 3-21.
- Iwasaki, Y., & Ristock, J. L. (2007). The nature of stress experienced by lesbians and gay men. *Anxiety, Stress & Coping: An International Journal, 20*, 299-319.

- James, B. (1962). Case of homosexuality treated by aversion therapy. *British Medical Journal*, *1*, 768-770.
- James, S. (1978). Treatment of homosexuality: II. Superiority of desensitization/arousal as compared with anticipatory avoidance conditioning: Results of a controlled trial. *Behavior Therapy*, *9*, 28-36.
- Jlang, Y., Costello, P., Fang, F., Huang, M. & He, S. (2006). A gender and sexual orientation dependent attentional effect of invisible images. *PNAS*, *103*, 17048-17052.
- Johnson, W. B. (2001). To dispute or not to dispute: Ethical REBT with religious clients. *Cognitive and Behavioral Practice*, *8*, 39-47.
- Johnson, W. B. (2004). Rational emotive behavior therapy for disturbance about sexual orientation. In P. S. Richards & A. E. Bergin (Eds.), *Casebook for a spiritual strategy in counseling and psychotherapy* (pp. 247-265). Washington, DC: American Psychological Association.
- Johnson, W. B., & Buhrke, R. A. (2006). Service delivery in a "don't ask, don't tell" world: Ethical care of gay, lesbian, and bisexual military personnel. *Professional Psychology: Research and Practice*, *37*, 91-98.
- Jones, M.A., & Gabriel, M. A. (1999). Utilization of psychotherapy by lesbians, gay men, and bisexuals: Findings from a nationwide survey. *American Journal of Orthopsychiatry*, *69*, 209-219.
- Jones, S. L., & Yarhouse, M. A. (2007). *Ex-gay? A longitudinal study of religiously mediated change in sexual orientation*. Downer's Grove, IL: Intervarsity Press.
- Jordan, K. M., & Deluty, R. H. (1998). Coming out for lesbian women: Its relation to anxiety, positive affectivity, self-esteem, and social support. *Journal of Homosexuality*, *35*, 41-63.
- Kameny, F. (2009). How it all started. *Journal of Gay and Lesbian Mental Health*, *13*, 76-81.
- Karten, E. (2006). Sexual reorientation efforts in dissatisfied same-sex attracted men: What does it really take to change? *Dissertation Abstracts International*, *67*(01), 547B. (UMI No. 3201129)
- Katz, J. (1995). *Gay American history: Lesbians and gay men in the United States*. New York: Thomas Crowell.
- Kendrick, S. R., & McCullough, J. P. (1972). Sequential phases of covert reinforcement and covert sensitization in the treatment of homosexuality. *Journal of Behavior Therapy & Experimental Psychiatry*, *3*, 229-231.
- Kennedy, S., & Cianciotto, J. (2006). *Homophobia at "hell house": Literally demonizing lesbian, gay, bisexual, and transgender youth*. Washington, DC: National Gay and Lesbian Task Force Policy Institute. Retrieved from www.thetaskforce.org/downloads/reports/reports/Homophobia_Hell_House.pdf
- Kerr, R. A. (1997). The experience of integrating gay identity with evangelical Christian faith. *Dissertation Abstracts International*, *58*(09), 5124B. (UMI No. 9810055).
- Khan, K. S., Kunz, R., Kleijnen, J., & Antes, G. (2003). *Systematic reviews to support evidence-based medicine*. London: Royal Society of Medicine Press.
- Kimmel, D. C., & Yi, H. (2004). Characteristics of gay, lesbian, and bisexual Asians, Asian Americans, and immigrants from Asia to the USA. *Journal of Homosexuality*, *47*, 143-172.
- King, L. A., & Hicks, J. A. (2007). Whatever happened to "what might have been"? Regret, happiness, and maturity. *American Psychologist*, *62*, 625-636.
- King, L. A., & Smith, N. G. (2004). Gay and straight possible selves: Goals, identity, subjective well-being, and personality development. *Journal of Personality*, *72*, 967-994.
- King, M., Semlyen, J., Killaspy, H., Nazareth, I., & Osborn, D. (2007). *A systematic review of research on counseling and psychotherapy for lesbian, gay, bisexual, & transgender people*. Leicestershire, England: British Association for Counseling & Psychotherapy.
- King, M., Smith, G., & Bartlett, A. (2004). Treatments of homosexuality in Britain since the 1950's—an oral history: The experience of professionals. *British Medical Journal*, *328*, 429-432.
- Kinnish, K. K., Strassberg, D. S., & Turner, C. W. (2005). Sex differences in the flexibility of sexual orientation: A multidimensional retrospective assessment. *Archives of Sexual Behavior*, *34*, 173-183.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: W.B. Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. (1953). *Sexual behavior in the human female*. Philadelphia: W.B. Saunders.
- Kitchener, K. S. (1984). Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. *The Counseling Psychologist*, *12*, 43-55.
- Kitzinger, C., & Wilkinson, S. (1994). Re-viewing heterosexuality. *Feminism & Psychology*, *4*, 330-336.
- Klein, F., & Schwartz, T. (Eds.). (2001). *Bisexual and gay husbands: Their stories, their words*. New York: Harrington Park Press.
- Klein, F., Sepekoff, B., & Wolf, T. J. (1985). Sexual orientation: A multi-variable dynamic process. *Journal of Homosexuality*, *11*(1/2), 35-49.
- Knapp, S. J., & VandeCreek, L. (2003). *A guide to the 2002 revision of the American Psychological Association's Ethics Code*. Sarasota, FL: Professional Resource Press.
- Knapp, S. J., & VandeCreek, L. (2004). A principle-based analysis of the 2002 American Psychological Association Ethics Code. *Psychotherapy: Theory, Research, Practice, Training*, *41*, 247-254.

- Knight, S. K., & Hoffman, L. (2007, August). *Sexual identity development and spiritual development: The impact of multiple lines of development*. Paper presented at the annual meeting of the American Psychological Association, San Francisco.
- Koenig, H. G., & Larson, D. B. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry, 13*, 67-78.
- Koocher, G. P. (2003). Ethical issues in psychotherapy with adolescents. *Journal of Clinical Psychology, 59*, 1247-1256.
- Kosciw, J. G., & Diaz, E. M. (2006). *The 2005 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our schools*. New York: GLSEN.
- Krafft-Ebing, R., von. (1965). *Psychopathia sexualis*. New York: G. P. Putnam's. (Original work published 1886)
- Kuban, M., Barbaree, H. E., & Blanchard, R. (1999). A comparison of volume and circumference phallometry: Response magnitude and method agreement. *Archives of Sexual Behavior, 28*, 345-359.
- Kurdek, L. A. (2001). Differences between heterosexual non-parent couples and gay, lesbian, and heterosexual parent couples. *Journal of Family Issues, 22*, 727-754.
- Kurdek, L. A. (2003). Differences between gay and lesbian cohabiting couples. *Journal of Social Personal Relationships, 20*, 411-436.
- Kurdek, L. A. (2004). Are gay and lesbian cohabiting couples really different from heterosexual married couples? *Journal of Marriage and Family, 66*, 880-901.
- Kutz, G. D., & O'Connell, A. (2007). *Residential treatment programs: Concerns regarding abuse and neglect and death in certain programs for troubled youth*. Washington, DC: General Accounting Office. Retrieved January 5, 2008, from <http://www.gao.gov/new.items/d08146t.pdf>
- LaFromboise, T., Coleman, H. L. K., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin, 114*, 395-412.
- Lalumiere, M. L., & Earls, C. M. (1992). Voluntary control of penile responses as a function of stimulus duration and instructions. *Behavioral Assessment, 14*, 121-132.
- Lalumiere, M. L., & Harris, G. T. (1998). Common questions regarding the use of phallometric testing with sexual offenders. *Sexual Abuse: Journal of Research & Treatment, 10*, 227-237.
- Lam, T. C. M., & Bengo, P. (2003). A comparison of three retrospective self-reporting methods of measuring change in instructional practice. *American Journal of Evaluation, 24*, 65-80.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training, 38*, 357-361.
- Langevin, R. (1983). *Sexual strands: Understanding and treating sexual anomalies in men*. New York: Erlbaum.
- Larson, D. E. (1970). An adaptation of the Feldman and MacCulloch approach to treatment of homosexuality by the application of anticipatory avoidance learning. *Behaviour Research & Therapy, 8*, 209-210.
- Lasser, J. S., & Gottlieb, M. C. (2004). Treating patients distressed regarding their sexual orientation: Clinical and ethical alternatives. *Professional Psychology: Research and Practice, 35*, 194-200.
- Laumann, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago.
- Lavizzo-Mourey, R. J., & MacKenzie, E. (1995). Cultural competence: An essential hybrid for delivering high quality care in the 1990s and beyond. *Transactions of the American Clinical and Climatological Association, 107*, 226-237.
- Lawrence v. Texas, 539 U.S. 558 (2003).
- Lease, S., Horne, S., & Noffsinger-Frazier, N. (2005). Affirming faith experiences and psychological health for Caucasian lesbian, gay, and bisexual individual. *Journal of Counseling Psychology, 52*, 378-388.
- Lemoire, S. J., & Chen, C. P. (2005). Applying person-centered counseling to sexual minority adolescents. *Journal of Counseling & Development, 83*, 146-154.
- Lesser, R. C., & Schoenberg, E. (Eds.). (1999). *That obscure subject of desire: Freud's female homosexual revisited*. New York: Routledge.
- Levant, R. F. (1992). Toward the reconstruction of masculinity. *Journal of Family Psychology, 5*, 379-402.
- Levant, R. F. & Hasan, N. T. (2009). Evidence-based practice in psychology. *Professional Psychology: Research and Practice, 39*, 658-662.
- Levant, R. F., & Silverstein, L. B. (2006). Gender is neglected by both evidence-based practices and treatment as usual. In J. Norcross, L. Beutler, & R. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on fundamental questions* (pp. 338-345). Washington, DC: American Psychological Association.
- LeVay, S. (1996). *Queer science: The use and abuse of research in homosexuality*. Cambridge: Massachusetts Institute Technology Press.
- Levin, S. M., Hirsch, I. S., Shugar, G., & Kapche, R. (1968). Treatment of homosexuality and heterosexual anxiety with avoidance conditioning and systematic desensitization: Data and case report. *Psychotherapy: Theory, Research, & Practice, 5*, 160-168.
- Levine, M., Perkins, D. D., & Perkins, D. V. (2004). *Principles of community psychology: Perspectives and applications* (3rd ed.). New York: Oxford University Press.
- Levitt, H. M., Ovrebo, E., Anderson-Cleveland, M. B., Leone, C., Jeong, J. V., Arm, J. R., Bonin, B. P., et al. (2009). Balancing dangers: GLBT experience in a time of anti-GLBT legislation. *Journal of Counseling Psychology, 56*, 67-81.

- Liddle, B. J. (1996). Therapist sexual orientation, gender, and counseling practices as they relate to ratings on helpfulness by gay and lesbian clients. *Journal of Counseling Psychology, 43*, 394-401.
- Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science, 2*, 53-70.
- Linehan, M. M., Dimeff, L. A., & Koerner, K. (Eds.). (2007). *Dialectical behavior therapy in clinical practice: Applications across disorders and settings*. New York: Guilford Press.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27*, 363-385.
- Liszc, A. M., & Yarhouse, M. A. (2005). Same-sex attraction: A survey regarding client-directed treatment goals. *Psychotherapy: Theory, Research, Practice, Training, 42*, 111-115.
- Lomax, J. W., Karff, S., & McKenny, G. P. (2002). Ethical considerations in the integration of religion and psychotherapy: Three perspectives. *Psychiatric Clinics of North America, 25*, 547-559.
- LoPiccolo, J. (1971). Case study: Systematic desensitization of homosexuality. *Behavior Therapy, 2*, 394-399.
- LoPiccolo, J., Stewart, R., & Watkins, B. (1972). Treatment of erectile failure and ejaculatory incompetence of homosexual etiology. *Journal of Behavior Therapy & Experimental Psychiatry, 3*, 233-236.
- Luhtanen, R. K. (2003). Identity, stigma management, and well-being: A comparison of lesbians/bisexual women and gay/bisexual men. *Journal of Lesbian Studies, 7*, 85-100.
- MacCulloch, M. J., & Feldman, M. P. (1967). Aversion therapy in management of 43 homosexuals. *British Medical Journal, 2*, 594-597.
- MacCulloch, M. J., Feldman, M. P., & Pinshoff, J. M. (1965). The application of anticipatory avoidance learning to the treatment of homosexuality II. *Behaviour Research & Therapy, 3*, 21-43.
- Mahaffy, K. A. (1996). Cognitive dissonance and its resolution: A study of lesbian Christians. *Journal for the Scientific Study of Religion, 35*, 392-402.
- Mahoney A., & Espin, O. M. (Eds.). (2008). Sin or salvation: The relationship between sexuality and spirituality in psychotherapy [Special issue]. *Women and Therapy, 31*(1).
- Malcolm, J. P. (2000). Sexual identity development in behaviourally bisexual married men. *Psychology, Evolution, & Gender, 2*, 263-299.
- Mallon, G. P. (2001). *Lesbian and gay youth issues: A practical guide for youth workers*. Washington, DC: CWLA Press.
- Malyon, A. K. (1982). Psychotherapeutic implications of internalized homophobia in gay men. In J. C. Gonsiorek (Ed.), *Homosexuality and psychotherapy: A practitioner's handbook of affirmative models* (pp. 59-69). Binghamton, NY: Haworth Press.
- Mankowski, E. S. (1997). *Community, identity, and masculinity: Changing men in a mutual support group*. Unpublished doctoral dissertation, University of Illinois at Urbana-Champaign.
- Mankowski, E. S. (2000). Reconstructing masculinity: Role models in the life stories of men's peer mutual support group members. In E. R. Barton (Ed.), *Mythopoetic perspectives of men's healing work: An anthology for therapists and others* (pp. 100-117). Westport, CT: Bergin & Garvey.
- Marcia, J. E. (1966). Development and validation of ego identity status. *Journal of Personality and Social Psychology, 5*, 551-558.
- Mark, N. (2008). Identities in conflict: Forging an orthodox gay identity. *Journal of Gay and Lesbian Mental Health, 12*, 179-194.
- Marquis, J. N. (1970). Orgasmic reconditioning: Changing sexual object choice through controlling masturbation fantasies. *Journal of Behavior Therapy & Experimental Psychiatry, 1*, 263-271.
- Martell, C. R., Safren, S. A., & Prince, S. E. (2004). *Cognitive-behavioral therapies with lesbian, gay, and bisexual clients*. New York: Guilford Press.
- Martin, A. D. (1982). Learning to hide: The socialization of the gay and lesbian adolescent. *Adolescent Psychiatry, 10*, 52-65.
- Martin, D. J. (2003, April). The dearth of cognitive and behavioral treatments for gays and lesbians. *Newsletter of the Academy of Cognitive Therapy, 2*(2). Retrieved from www.academyofct.org/Library/InfoManage/Guide.asp?FolderID=184&SessionID={ED2061C4-FAC9-4B6C-BC44-464343721CB9}
- Martinez, J., & Hosek, S. G. (2005). An exploration of the down-low identity: Nongay-identified young African-American men who have sex with men. *Journal of the National Medical Association, 97*, 1103-1112.
- Massad, J. (2002). Re-orienting desire: The gay international and the Arab world. *Public Culture, 14*, 361-386.
- Masters, W. H., & Johnson, V. E. (1979). *Homosexuality in perspective*. Boston: Little, Brown.
- Mathy, R., & Drescher, J. (Eds.). (2008). Childhood gender nonconformity and the development of adult homosexuality [Special Issue]. *Journal of Gay & Lesbian Mental Health, 12*(1/2), 1-165.
- Maton, K. I. (2000). Mutual-help and self-help. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (pp. 369-373). Washington, DC: American Psychological Association and Oxford University Press.
- Mattison, A. M., & McWhirter, D. P. (1995). Lesbians, gay men, and their families: Some therapeutic issues. *Psychiatric Clinics of North America, 18*, 123-137.

- Mayers, C., Leavey, G., Vallianatou, C., & Barker, C. (2007). How clients with religious or spiritual beliefs experience psychological help-seeking and therapy: A qualitative study. *Clinical Psychology and Psychotherapy, 14*, 317-327.
- Mays, V. M., & Cochran, S. D. (1998). Kinsey and male homosexuality in the African-American population: A question of fit. *Sexualities, 1*, 98-100.
- Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health, 91*, 1869-1876.
- Mays, V. M., Cochran, S. D., & Barnes, N. W. (2007). Race, race-based discrimination, and health outcomes among African Americans. *Annual Review of Psychology, 58*, 201-225.
- Mays, V. M., Cochran, S. D., & Zamudio, A. (2004). HIV prevention research: Are we meeting the needs of African American men who have sex with men? *Journal of Black Psychology, 30*, 78-105.
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist, 24*, 508-534.
- McClennon, J. (1994). *Wondrous events*. Philadelphia: University of Pennsylvania Press.
- McConaghy, N. (1969). Subjective and penile plethysmograph responses following aversion-relief and Apomorphine aversion therapy for homosexual impulses. *British Journal of Psychiatry, 115*, 723-730.
- McConaghy, N. (1976). Is a homosexual orientation irreversible? *British Journal of Psychiatry, 129*, 556-563.
- McConaghy, N. (1987). Heterosexuality/homosexuality: Dichotomy or continuum. *Archives of Sexual Behavior, 16*, 411-424.
- McConaghy, N. (1999). Time to abandon the gay/heterosexual dichotomy? *Archives of Sexual Behavior, 34*, 1-2.
- McConaghy, N. (2003). Peer commentaries on Spitzer: Penile plethysmography and change in sexual orientation. *Archives of Sexual Behavioral, 32*, 444-445.
- McConaghy, N., Armstrong, M. S., & Blaszczyński, A. (1981). Controlled comparison of aversive therapy and covert sensitization in compulsive homosexuality. *Behaviour Research & Therapy, 19*, 425-434.
- McConaghy, N., & Barr, R. F. (1973). Classical, avoidance, and backward conditioning treatment of homosexuality. *British Journal of Psychiatry, 122*, 151-162.
- McConaghy, N., Buhrich, N., & Silove, D. (1994). Opposite sex-linked behaviors and homosexual feelings in the predominantly heterosexual male majority. *Archives of Sexual Behavior, 23*, 565-577.
- McConaghy, N., Proctor, D., & Barr, R. (1972). Subjective and penile plethysmography responses to aversion therapy for homosexuality: A partial replication. *Archives of Sexual Behavior, 2*, 65-79.
- McCord, W., McCord, J., & Thurber, E. (1962). Some effects of parental absence on male children. *Journal of Abnormal and Social Psychology, 64*, 361-369.
- McCormick, J. (2006). Transition Beirut: Gay identities, lived realities: The balancing act in the Middle East. In S. Khalaf, & J. Gagnon (Eds.), *Sexuality in the Arab World* (pp. 243-260). London: SAQI.
- McCrary, R. E. (1973). A forward-fading technique for increasing heterosexual responsiveness in male homosexuals. *Journal of Behavior Therapy & Experimental Psychiatry, 4*, 257-261.
- McCullough, M. E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. *Journal of Counseling Psychology, 46*, 92-98.
- McIntosh, P. (1990). *White privilege: Unpacking the invisible knapsack*. Retrieved August 18, 2009, from www.case.edu/president/aaction/UnpackingTheKnapsack.pdf
- McMinn, L. G. (2005). Sexual identity concerns for Christian young adults: Practical considerations for being a supportive presence and compassionate companion. *Journal of Psychology and Christianity, 24*, 368-377.
- McNemar, Q. (1969). *Psychologica statistics* (4th ed.). New York: Wiley.
- Meeus, W., Iedema, J., Helsen, M., & Vollebergh, W. (1999). Patterns of adolescent identity developmental: Review of literature and longitudinal analysis. *Developmental Review, 19*, 419-461.
- Menveille, E. J. (1998). Gender identity disorder [Letter to the editor]. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 243-244.
- Menveille, J. D., & Tuerk, C. (2002). A support group for parents of gender-nonconforming boys. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 1010-1013.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 7*, 9-25.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697.
- Meyer, I. H., & Wilson, P. A. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology, 56*, 23-31.
- Miller, J. B. (1991). The development of a women's sense of self. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey (Eds.), *Women's growth in connection: Writings from the Stone Center* (pp. 11-26). New York: Guildford Press.
- Millett, G., Malebranche, D., Mason, B., & Spikes, P. (2005). Focusing "down low": Bisexual Black men, HIV risk and heterosexual transmission. *Journal of the National Medical Association, 97*, 585-595.
- Mintz, E. E. (1966). Overt male homosexuals in combined group and individual treatment. *Journal of Consulting Psychology, 30*, 193-198.

- Minwalla, O., Rosser, B. R. S., Feldman, J., & Varga, C. (2005). Identity experience among progressive gay Muslims in North America: A qualitative study within Al-Fatiha. *Culture, Health & Sexuality, 7*, 113-128.
- Mitchell, S. A. (1978). Psychodynamics, homosexuality, and the question of pathology. *International Journal of Psychoanalysis, 15*, 170-189.
- Mitchell, S. A. (1981). The psychoanalytic treatment of homosexuality: Some technical considerations. *International Review of Psycho-Analysis, 8*, 63-80.
- Miville, M. L., & Ferguson, A. D. (2004). Impossible "choices": Identity and values at a crossroads. *The Counseling Psychologist, 32*, 760-770.
- Moberly, E. (1983). *Homosexuality: A new Christian ethic*. Greenwood, SC: Attic Press.
- Mohr, J. J., & Fassinger, R. E. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: An attachment perspective. *Journal of Counseling Psychology, 50*, 282-295.
- Molnar, B. E. (1997). Juveniles and psychiatric institutionalization: Toward better due process and treatment review in the United States. *Health and Human Rights, 2*, 98-116.
- Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. (2009). Counseling psychology research on sexual (orientation) minority issues: Conceptual and methodological challenges and opportunities. *Journal of Counseling Psychology, 56*, 5-22.
- Moran, M. E. (2007). *An examination of women's sexuality and spirituality: The effects of conversion therapy—A mixed study*. Unpublished doctoral dissertation, University of Utah, Salt Lake City.
- Morey, M. (2006). The civil commitment of state dependent minors: Resonating discourses that leave her heterosexuality and his homosexuality vulnerable to scrutiny. *New York University Law Review, 81*, 2129.
- Morgan, E. M., & Thompson, E. M. (2006). Young women's sexual experiences within same-sex friendships: Discovering and defining bisexual and bi-curious identity. *Journal of Bisexuality, 6*, 7-34.
- Morris, J. F. (1997). Lesbian coming out as a multidimensional process. *Journal of Homosexuality, 3*, 1-22.
- Morrissey-Kane, E., & Prinz, R. J. (1999). Engagement in child and adolescent treatment: The role of parental cognitions and attributions. *Clinical Child and Family Psychology Review, 2*, 183-198.
- Morrow, D. F. (2003). Cast into the wilderness: The impact of institutionalized religion on lesbians. *Journal of Lesbian Studies, 7*, 109-123.
- Morrow, S. L. (2000). First do no harm: Therapist issues in psychotherapy with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 137-156). Washington, DC: American Psychological Association.
- Morrow, S. L., & Beckstead, A. L. (2004). Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy. *The Counseling Psychologist, 32*, 641-650.
- Murphy, T. F. (1992). Redirecting sexual orientation: Techniques and justifications. *Journal of Sex Research, 29*, 501-523.
- Murphy, T. F. (1997). *Gay science: The ethics of sexual orientation research*. New York: Columbia University Press.
- Mustanski, B. S., Chivers, M. L., & Bailey, J. M. (2002). A critical review of recent biological research on human sexual orientation. *Annual Review of Sex Research, 13*, 89-140.
- Mutcherson, K. M. (2006). Minor discrepancies: Forging a common understanding of adolescent competence in healthcare decision-making and criminal responsibility. *Nevada Law Journal, 6*, 927.
- Myers, L. J., Speight, S. L., Highlen, P. S., Cox, C. I., Reynolds, A. L., Adams, E. M., & Hanley, P. (1991). Identity development and worldview: Toward an optimal conceptualization. *Journal of Counseling & Development, 70*, 54-63.
- Nahas, O. (2004). Yoesuf: An Islamic idea with Dutch quality. *Journal of Gay and Lesbian Social Services, 16*, 53-64.
- Nakajima, G. A. (2003). The emergence of an international lesbian, gay, and bisexual psychiatric movement. *Journal of Gay & Lesbian Psychotherapy, 7*(1/2), 165-188.
- Nathan, P. E., Stuart, S. P., & Dolan, S. L. (2000). Research on psychotherapy efficacy and effectiveness: Between Scylla and Charybdis? *Psychological Bulletin, 126*, 964-981.
- National Association of Social Workers. (1997). Policy statement: Lesbian, gay, and bisexual issues [approved by NASW Delegate Assembly, August 1996]. In *Social work speaks: NASW policy* (4th ed., pp. 198-209). Washington, DC: Author.
- National Association of Social Workers. (2000). "Reparative" and "conversion" therapies for lesbians and gay men: Position statement. Retrieved July 7, 2008, from: <http://www.socialworkers.org/diversity/lgb/reparative.asp>
- Nicolosi, J. (1991). *Reparative therapy of male homosexuality*. Northvale, NJ: Jason Aronson.
- Nicolosi, J. (1993). *Healing homosexuality*. Northvale, NJ: Jason Aronson.
- Nicolosi, J. (2003). Finally, recognition of a long-neglected population. *Sexual Behavior, 32*, 445-447.
- Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*, 1071-1088.
- Nicolosi, J., & Nicolosi, L. A. (2002). *A parent's guide to preventing homosexuality*. Downers Grove, IL: InterVarsity Press.

- Nielsen, S. L. (2001). Accommodating religion and integrating religious material during rational emotive behavior therapy. *Cognitive & Behavior Practice, 8*, 29-34.
- Nolen-Hoeksema, S., & Davis, C. G. (2002). Positive responses to loss: Perceiving benefits and growth. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 598-606). New York: Oxford University Press.
- Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Norcross, J.C., & Hill, C.E. (2004). Empirically supported therapy relationships. *The Clinical Psychologist, 57*, 19-24.
- Norman, G. (2003). Hi! How are you? Response shift, implicit theories, and differing epistemologies. *Quality of Life Research, 12*, 238-249.
- O'Connor, N., & Ryan, J. (1993). *Wild desires and mistaken identities: Lesbianism and psychoanalysis*. New York: Columbia University Press.
- Olson, C. (Ed.). (2007). *Celibacy and religious traditions*. New York: Oxford University Press.
- Olyam, S. C., & Nussbaum, M. C. (Eds.). (1998). *Sexual orientation & human rights in American religious discourse*. New York: Oxford University Press.
- Omer, H., & Strenger, C. (1992). The pluralistic revolution: From the one true meaning to an infinity of constructed ones. *Psychotherapy: Theory, Research, Practice, Training, 29*, 253-261.
- Omoto, A., & Kurtzman, H. S. (Eds.). (2006). *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people*. Washington, DC: American Psychological Association.
- O'Neil, J. M. (2008). Summarizing 25 years of research on men's gender role conflict using the gender role conflict scale: New research paradigms and clinical implications. *The Counseling Psychologist, 36*, 358-445.
- O'Neill, C., & Ritter, K. (1992). *Coming out within: Stages of spiritual awakening for lesbians and gay men*. San Francisco: Harper.
- Ortiz, E. T., & Scott, P. R. (1994). Gay husbands and fathers: Reasons for marriage among homosexual men. *Journal of Gay and Lesbian Social Services, 1*, 59-71.
- Oser, F. K. (1991). Toward a logic of religious development. In K. N. Nipkow, J. W. Fowler, & F. Schweitzer (Eds.), *Stages of religious development: Implications for church, education, and society* (pp. 37-64). New York: Crossroad Publishing.
- O'Sullivan, L., & McCrudden, M. C., & Tolman, D. L. (2006). To your sexual health! Incorporating sexuality into the health perspective. In J. Worell & C. D. Goodheart (Eds.), *Handbook of girls' and women's psychological health: Gender and well-being across the lifespan* (pp. 192-199). New York: Oxford University Press.
- Ovesey, L. (1969). *Homosexuality and pseudohomosexuality*. New York: Science House.
- Oxford American Dictionary*. (2007). New York: Oxford University Press.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*, 328-345.
- Pachankis, J. E., & Goldfried, M. R. (2004). Clinical issues in working with lesbian, gay, and bisexual clients. *Psychotherapy: Theory, Research, Practice, Training, 41*, 227-246.
- Pachankis, J. E., Goldfried, M. R., & Ramrattan, M. E. (2008). Extension of the rejection sensitivity construct to the interpersonal functioning of gay men. *Journal of Consulting and Clinical Psychology, 76*, 306-317.
- Paloutzian, R.F., & Park, C.L. (Eds.). (2005). *Handbook of the psychology of religion and spirituality*. New York: Guilford Press.
- Pan American Health Organization & World Health Organization. (2000, May 19-22). *Promotion of sexual health: Recommendations for action*. Proceedings of a regional consultation convened in collaboration with the World Association for Sexology, Antigua, Guatemala. Retrieved from www.paho.org/English/HCP/HCA/PromotionSexualHealth.pdf
- Pargament, K. I. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry, 13*, 168-181.
- Pargament, K. I., Koenig, H. G., Tasakeshwas, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A two-year longitudinal study. *Archives of Internal Medicine, 161*, 1881-1885.
- Pargament, K. I., & Mahoney, A. (2002). Spirituality: Discovering and conserving the sacred. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 646-659). New York: Oxford University Press.
- Pargament, K. I., & Mahoney, A. (2005). Sacred matters: Sanctification as a vital topic for the psychology of religion. *The International Journal for the Psychology of Religion, 15*, 179-198.
- Pargament, K. I., Maygar-Russell, G. M., & Murray-Swank, N. A. (2005). The sacred and the search for significance: Religion as a unique process. *Journal of Social Issues, 61*, 665-687.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37*, 710-724.
- Park, C. L. (2005). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues, 61*, 707-729.
- Patterson, C. J. (2008). Sexual orientation across the lifespan: Introduction to the special section. *Developmental Psychology, 44*, 1-4.

- Pattison, E. M., & Pattison, M. L. (1980). "Ex-gays": Religiously mediated change in homosexuals. *American Journal of Psychiatry*, *137*, 1553-1562.
- Paul, W., Weinrich, J. D., Gonsiorek, J. C., & Hotvedt, M. E. (Eds.). (1982). *Homosexuality: Social, psychological, and biological issues*. Beverly Hills, CA: Sage.
- Peplau, L. A., & Garnets, L. D. (2000). A new paradigm for understanding women's sexuality and sexual orientation. *Journal of Social Issues*, *56*, 329-350.
- Peplau, L. A., & Fingerhut, A. W. (2007). The close relationships of lesbians and gay men. *Annual Review of Psychology*, *58*, 405-424.
- Perez, R. M., DeBord, K. A., & Bieschke, K. J. (Eds.). (2000). *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients*. Washington, DC: American Psychological Association.
- Perrin, E. C. (2002). *Sexual orientation in child and adolescent health care*. New York: Kluwer/Plenum.
- Peters, A. J. (2003). *Isolation or inclusion: Creating safe spaces for lesbian and gay youth, families in society* (Vol. 84, pp. 331-337). Milwaukee, WI: Alliance for Children & Families.
- Peters, D. K., & Cantrell, P. J. (1991). Factors distinguishing samples of lesbian and heterosexual women. *Journal of Homosexuality*, *21*, 1-15.
- Petticrew, M. (2001). Systematic reviews from astronomy to zoology: Myths and misconceptions. *British Medical Journal*, *322*, 98-101.
- Pew Forum on Religion and Public Life. (2003). *Republicans unified, Democrats split on gay marriage: Religious beliefs underpin opposition to homosexuality*. Washington, DC: Pew Research Center. Retrieved March 24, 2009, from <http://pewforum.org/docs/index.php?DocID=37>.
- Pew Forum on Religion and Public Life. (2008). *U.S. Religious Landscape Survey*. Washington, DC: Pew Research Center. Retrieved March 18, 2008, from <http://religions.pewforum.org/reports>
- Pharr, S. (1988). *Homophobia: A weapon of sexism*. New York: Chardon Press.
- Phillips, J. C. (2004). A welcome addition to the literature: Non-polarized approaches to sexual orientation and religiosity. *The Counseling Psychologist*, *32*, 771-777.
- Phy-Olsen, A. (2006). *Same-sex marriage*. Santa Barbara, CA: Greenwood Press.
- Pleck, J. H. (1995). The gender role strain paradigm: An update. In R. F. Levant & W. S. Pollack (Eds.), *A new psychology of men* (pp. 11-32). New York: Plenum.
- Plugge-Foust, C., & Strickland, G. (2000). Homophobia, irrationality, and Christian ideology: Does a relationship exist? *Journal of Sex Education and Therapy*, *25*, 240-244.
- Ponseti, J., Bosinski, H. A., Wolff, S., Peller, M., Jansen, O., Mehdorn, H. M., et al. (2006). A functional endophenotype for sexual orientation in humans. *NeuroImage*, *33*, 825-833.
- Ponticelli, C. M. (1999). Crafting stories of sexual identity reconstruction. *Social Psychology Quarterly*, *62*, 157-172.
- Pope, K. S., & Vasquez, M. J. T. (2007). *Ethics in psychotherapy and counseling: A practical guide* (3rd ed.). San Francisco: Jossey-Bass.
- Porter, N. (1995). Therapist self-care: A proactive ethical approach. In E. J. Rave and C. C. Larsen (Eds.), *Ethical decision making in therapy: A feminist approach* (pp. 247-266). New York: Guilford Press.
- Probst, L. R., Ostrom, R., Watkins, P., Dean, T., & Mashburn, D. (1992). Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Counseling Psychology*, *60*, 94-103.
- Quinn, J. T., Harbison, J. J. M., & McAllister, H. (1970). An attempt to shape human penile responses. *Behaviour Research & Therapy*, *8*, 213-216.
- Quinsey, V. L., & Lalumiere, M. L. (2001). *Assessment of sexual offenders against children*. Thousand Oaks, CA: Sage.
- Radkowsky, M., & Siegel, L. J. (1997). The gay adolescent: Stressors, adaptations, and psychosocial interventions. *Clinical Psychology Review*, *17*, 191-216.
- Rado, S. (1940). A critical examination of the concept of bisexuality. *Psychosomatic Medicine*, *2*, 459-467.
- Rahman, Q., & Wilson, G. D. (2005). *Born gay: The psychobiology of sexual orientation*. London: Peter Owens.
- Redding, R. E. (1993). Children's competence to provide informed consent for mental health treatment. *Washington & Lee Law Review*, *50*, 695.
- Rehm, L. P., & Rozensky, R. H. (1974). Multiple behavior therapy techniques with a homosexual client: A case study. *Journal of Behavior Therapy & Experimental Psychiatry*, *5*, 53-57.
- Reich, K. H. (1991). The role of complementary reasoning in religious development. *New Directions for Child Development*, *52*, 77-89.
- Rekers, G. A. (1979). Sex-role behavior change: Intrasubject studies of boyhood gender disturbance. *Journal of Psychology*, *103*, 255-269.
- Rekers, G. A. (1981). Childhood sexual identity disorders. *Medical Aspects of Human Sexuality*, *15*, 141-142.
- Rekers, G. A. (1982). *Shaping your child's sexual identity*. Grand Rapids, MI: Baker Book House.
- Rekers, G. A., Bentler, P. M., Rosen, A. C., & Lovaas, O. I. (1977). Child gender disturbances: A clinical rationale for intervention. *Psychotherapy: Theory, Research, & Practice*, *14*, 2-11.
- Rekers, G. A., Kilgus, R., & Rosen, A. C. (1990). Long-term effects of treatment for childhood gender disturbance. *Journal of Psychology and Human Sexuality*, *3*, 121-153.
- Rekers, G. A., & Lovaas, O. I. (1974). Behavioral treatment of deviant sex-role behaviors in a male child. *Journal of Applied Behavioral Analysis*, *7*, 173-190.

- Remafedi, G., Farrow, J. A., & Deisher, R. W. (1991). Risk factors of attempted suicide in gay and bisexual youth. *Pediatrics, 87*, 869-875.
- Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of psychotherapy and religious diversity*. Washington, DC: American Psychological Association.
- Richards, P. S., & Bergin, A. E. (Eds.). (2004). *Casebook for a spiritual strategy in counseling and psychotherapy*. Washington, DC: American Psychological Association.
- Richards, P. S., & Bergin, A.E. (2005). *A spiritual strategy for counseling and psychotherapy*. Washington, DC: American Psychological Association.
- Richards, P. S., Berrett, M. E., Hardman, R. K., & Eggett, D. L. (2006). Comparing efficacy of spirituality, cognitive, and emotional support groups for treating eating disorder inpatients. *Eating Disorders, 14*, 401-415.
- Ritter, K. Y., & O'Neill, C. W. (1989). Moving through loss: The spiritual journey of gay men and lesbian women. *Journal of Counseling & Development, 68*, 9-14.
- Ritter, K. Y., & O'Neill, C. W. (1995). Moving through loss: The spiritual journey of gay men and lesbian women. In M. T. Burke & J. G. Miranti (Eds.), *Counseling: The spiritual dimension* (pp. 126-141). Alexandria, VA: American Counseling Association.
- Ritter, K. Y., & Terndrup, A. I. (2002). *Handbook of affirmative psychotherapy with lesbians and gay men*. New York: Guilford Press.
- Robb, H.B. (2001). Facilitating rational emotive behavior therapy by including religious beliefs. *Cognitive & Behavior Practice, 8*, 34-39.
- Robinson, J. W. (1998). *Understanding the meaning of change for married Latter-Day Saint men with histories of homosexual activity*. Unpublished doctoral dissertation, Brigham Young University, Provo.
- Roccas, S. (2005). Religion and value systems. *Journal of Social Issues, 61*, 747-759.
- Rodriguez, E. M. (2006). At the intersection of church and gay: Religion, spirituality, conflict, and integration in gay, lesbian, and bisexual people of faith. *Dissertation Abstracts International, 67*(3-B), 1742. (UMI No. 3213142)
- Rodriguez, E. M., & Ouellette, S. C. (2000). Gay and lesbian Christians: Homosexual and religious identity integration in the members and participants of a gay-positive church. *Journal for the Scientific Study of Religion, 39*, 334-347.
- Roffman, D. M. (2000). A model for helping schools address policy options regarding gay and lesbian youth. *Journal of Sex Education and Therapy, 25*(2/3), 130-136.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.
- Rogers, C. (1961). *On becoming a person*. Boston: Houghton Mifflin.
- Rosario, M., Rotheram-Borus, M. J., & Reid, H. (1996). Gay-related stress and its correlates among gay and bisexual male adolescents of predominantly Black and Hispanic background. *Journal of Community Psychology, 24*, 136-159.
- Rosario, M., Schrimshaw, E., Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology, 10*, 215-228.
- Rosario, M., Schrimshaw, E., Hunter, J., & Braun, L. (2006, February). Sexual identity development among lesbian, gay, and bisexual youths: Consistency and change over time. *Journal of Sex Research, 43*, 46-58.
- Rosario, M., Yali, A. M., Hunter, J., & Gwadz, M. V. (2006). Religion and health among lesbian, gay, and bisexual youths: An empirical investigation and theoretical explanation. In A. Omoto & H. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp. 117-141). Washington, DC: American Psychological Association.
- Rose, S. M., & Zand, D. (2000). Lesbian dating and courtship from young adulthood to midlife. *Journal of Gay and Lesbian Social Services, 11*(2-3), 77-104.
- Rose, S. M., & Zand, D. (2002). Lesbian dating and courtship from young adulthood to midlife. *Journal of Lesbian Studies, 6*, 85-109.
- Rosik, C. H. (2001). Conversion therapy revisited: Parameters and rationale for ethical care. *Journal of Pastoral Counseling, 55*, 47-67.
- Rosik, C. H. (2003). Motivational, ethical, and epistemological foundations in the treatment of unwanted homoerotic attractions. *Journal of Marital and Family Therapy, 29*, 13-28.
- Rosik, C. H. (2007). Ideological concerns in the operationalization of homophobia: Part II. The need for interpretive sensitivity with conservatively religious persons. *Journal of Psychology & Theology, 35*, 132-144.
- Rosner, R. (2004a). Adolescents' rights to refuse treatment. *Adolescent Psychiatry*. Retrieved October 10, 2007, from http://findarticles.com/p/articles/mi_qa3882/is_200401/ai_n9383804
- Rosner, R. (2004b). A four-step model for legal regulation of the practice of adolescent psychiatry and adolescents' rights to refuse treatment. *Adolescent Psychiatry*. Retrieved October 10, 2007, from http://findarticles.com/p/articles/mi_qa3882/is_200401/ai_n9383804
- Ross, M. A. (1989). Relation of implicit theories to the construction of personal histories. *Psychological Review, 96*, 341-357.
- Ross, M. W. (1989). Married homosexual men: Prevalence and background. *Marriage & Family Review, 14*(3-4), 35-57.

- Rostosky, S. S., Riggle, E. D. B., Horne, S. G., & Miller, A. D. (2009). Marriage amendments and psychological distress in lesbian, gay, and bisexual (LGB) adults. *Journal of Counseling Psychology, 59*, 56-66.
- Russell, G. M., & Bohan, J. S. (2007). Liberating psychotherapy: Liberation psychology and psychotherapy with LGBT clients. *Journal of Gay and Lesbian Psychology, 11*(3/4), 59-77.
- Rust, P. C. (1996). Managing multiple identities: Diversity among bisexual women and men. In B. A. Firestein (Ed.), *Bisexuality: The psychology and politics of an invisible minority* (pp. 53-83). Thousand Oaks, CA: Sage.
- Rust, P. C. (2003). Reparative science and social responsibility: The concept of a malleable core as theoretical challenge and psychological comfort. *Archives of Sexual Behavior, 32*, 449-451.
- Ryan, C. (2001). Counseling lesbian, gay, and bisexual youths. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities and youth* (pp. 224-250). New York: Oxford University Press.
- Ryan, C., & Diaz, R. (2005, February). *Family responses as a source of risk and resiliency for LGBT youth*. Paper presented at the Child Welfare League of America Preconference Institute, Washington, DC.
- Ryan, C., & Futterman, D. (1997). Lesbian and gay youth: Care and counseling. *Adolescent Medicine: State of the Art Reviews, 8*, 207-324.
- Ryan, C., Huebner, D., Diaz, R.M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 129*, 346-352.
- Ryan, R. M. (1995). Psychological needs and the facilitation of integrative processes. *Journal of Personality, 63*, 397-427.
- Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R.B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *British Medical Journal, 312*(7023), 71-72.
- Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology, 67*, 859-866.
- Safren, S. A., & Rogers, T. (2001). Cognitive-behavioral therapy with gay, lesbian, and bisexual clients. *Journal of Clinical Psychology, 57*, 629-643.
- Saldaina, D. H. (1994). Acculturative stress: Minority status and distress. *Hispanic Journal of Behavioral Sciences, 16*, 116-128.
- Salzburg, S. (2004). Learning that an adolescent child is gay or lesbian: The parent experience. *Social Work, 49*, 109-118.
- Salzburg, S. (2007). Narrative therapy pathways for re-authoring with parents of adolescents coming-out as lesbian, gay, and bisexual. *Contemporary Family Therapy, 29*, 57-69.
- Sanchez, D. (2007). "Ex-Gay" movement making strides. *Southern Poverty Law Center Intelligence Report*. Retrieved from www.splcenter.org/intel/intelreport/article.jsp?aid=844
- Sandford, D. A., Tustin, R. D., & Priest, P. N. (1975). Increasing heterosexual arousal in two adult male homosexuals using a differential reinforcement procedure. *Behavior Therapy, 6*, 689-696.
- Sandfort, T. G. M. (2003). Studying sexual orientation change. *Journal of Gay & Lesbian Psychotherapy, 7*, 15-29.
- Savic, I., & Lindstrom, P. (2008). PET and MRI show differences in cerebral asymmetry and functional connectivity between homo- and heterosexual subjects. *Proceedings of the National Academy of Sciences*. Retrieved from <http://www.pnas.org/content/105/27/9403.full>
- Savin-Williams, R. C. (1989). Parental influences on the self-esteem of gay and lesbian youths: A reflected appraisals model. *Journal of Homosexuality, 17*(1/2), 93-109.
- Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Practice, 62*, 261-269.
- Savin-Williams, R. C. (1998). The disclosure to families of same-sex attractions by lesbian, gay, and bisexual youths. *Journal of Research on Adolescence, 8*, 49-68.
- Savin-Williams, R. C. (2004). Boy-on-boy sexuality. In N. Way & J. Y. Chu (Eds.), *Adolescent boys: Exploring diverse cultures of boyhood* (pp. 271-292). New York: New York University Press.
- Savin-Williams, R. C. (2005). *The new gay teenager*. Cambridge, MA: Harvard University Press.
- Savin-Williams, R. C., & Cohen, K. M. (2004). Homoerotic development during childhood and adolescence. *Child and Adolescent Psychiatric Clinics of North America, 13*, 529-549.
- Sbordone, A. J. (2003). An interview with Charles Silverstein, PhD. *Journal of Gay & Lesbian Psychotherapy, 7*, 49-61.
- Scasta, D. (1998). Issues in helping people come out. *Journal of Gay and Lesbian Psychotherapy, 2*, 89-98.
- Schaeffer, K. W., Hyde, R. A., Kroencke, T., McCormick, B., & Nottebaum, L. (2000). Religiously motivated sexual orientation change. *Journal of Psychology & Christianity, 19*, 61-70.
- Schilder, A. J., Kennedy, C., Goldstone, I., Ogden, R. D., Hogg, R. S., & O'Shaughnessy, M. V. (2001). "Being dealt with as a whole person." Care seeking and adherence: The benefits of culturally competent care. *Social Science & Medicine, 52*, 1643-1659.
- Schneider, M. S. (1991). Developing services for lesbian and gay adolescents. *Canadian Journal of Community Mental Health, 10*, 133-151.

- Schneider, M. S., Brown, L. S., & Glassgold, J. M. (2002). Implementing the resolution on appropriate therapeutic responses to sexual orientation: A guide for the perplexed. *Professional Psychology: Research and Practice, 33*, 265-276.
- Schnoor, R. F. (2006). Being gay and Jewish: Negotiating intersecting identities. *Sociology of Religion, 67*, 43-60.
- Schreier, B. A. (1998). Of shoes, and ships, and sealing wax: The faulty and specious assumptions of sexual reorientation therapies. *Journal of Mental Health Counseling, 20*, 305-314.
- Schroeder, M., & Shidlo, A. (2001). Ethical issues in sexual orientation conversion therapies: An empirical study of consumers. *Journal of Gay & Lesbian Psychotherapy, 5*(3/4), 131-166.
- Schuck, K. D., & Liddle, B. J. (2001). Religious conflicts experienced by lesbian, gay, and bisexual individuals. *Journal of Gay and Lesbian Psychotherapy, 5*, 63-82.
- Schulte, L. J., & Battle, J. (2004). The relative importance of ethnicity and religion in predicting attitudes toward gays and lesbians. *Journal of Homosexuality, 47*, 127-142.
- Schwartz, B. (2000). Self-determination: The tyranny of freedom. *American Psychologist, 55*, 79-88.
- Schwartz, C. E., & Rapkin, B. D. (2004). Reconsidering the psychometrics of quality of life assessment in light of response shift and appraisal. *Health Quality Life Outcomes, 2*, 16.
- Schwartz, J. P., & Lindley, L. D. (2005). Religious fundamentalism and attachment: Predictors of homophobia. *International Journal for the Psychology of Religion, 15*, 145-157.
- Schwartzberg, S., & Rosenberg, L. G. (1998). Being gay and being male: Psychotherapy with gay and bisexual men. In W. S. Pollack & R. F. Levant (Eds.), *New psychotherapy for men* (pp. 259-281). New York: Wiley.
- Schwarz, N., & Clore, G. L. (1985). Mood as information: 20 years later. *Psychological Inquiry, 14*, 196-303.
- Schwarz, N., Hippler, H. J., Deutsch, B., & Strack, F. (1985). Response scales: Effects of category range on reported behavior and comparative judgments. *Public Opinion Quarterly, 49*, 388-395.
- Segal, B., & Sims, J. (1972). Covert sensitization with a homosexual: A controlled replication. *Journal of Consulting & Clinical Psychology, 39*, 259-263.
- Sell, R. L. (1997). Defining and measuring sexual orientation: A review. *Archives of Sexual Behavior, 26*, 643-658.
- Selvidge, M. M. D., Matthews, C. R., & Bridges, S. K. (2008). The relationship of minority stress and flexible coping to psychological well being in lesbian and bisexual women. *Journal of Homosexuality, 55*, 450-470.
- Seto, M. C. (2004). Pedophilia and sexual offenses against children. *Annual Review of Sex Research, 15*, 321-361.
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton Mifflin.
- Shafranske, E. P. (2000). Religious involvement and professional practices of psychiatrists and other mental health professionals. *Psychiatric Annals, 30*, 525-532.
- Shallenberger, D. (1996). Reclaiming the spirit: The journeys of gay men and lesbian women toward integration. *Qualitative Sociology, 19*, 195-215.
- Shannon, J. W., & Woods, W. J. (1991). Affirmative psychotherapy for gay men. *The Counseling Psychologist, 19*, 197-215.
- Sherry, A. (2007). Internalized homophobia and adult attachment: Implications for clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 44*, 219-225.
- Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer's report. *Professional Psychology: Research and Practice, 33*, 249-259.
- Shidlo, A., Schroeder, M., & Drescher, J. (Eds.). (2002). *Sexual conversion therapy: Ethical, clinical, and research perspectives* (pp. 87-115). New York: Haworth Press.
- Shively, M. G., & DeCecco, J. P. (1977). Components of sexual identity. *Journal of Homosexuality, 3*, 41-48.
- Siegelman, M. (1974). Parental background of male homosexuals and heterosexuals. *Archives of Sexual Behavior, 3*, 3-18.
- Siegelman, M. (1979). Adjustment of homosexual and heterosexual women: A cross-national replication. *Archives of Sexual Behavior, 8*, 371-378.
- Siegelman, M. (1981). Parental backgrounds of homosexual and heterosexual men: A cross national replication. *Archives of Sexual Behavior, 10*, 505-513.
- Silberman, I. (2005). Religion as a meaning system: Implications for the new millennium. *Journal of Social Issues, 61*(4), 641-663.
- Silverstein, C. (1991). Psychological and medical treatments of homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 101-114). Newbury Park, CA: Sage.
- Silverstein, C. (2007). Wearing two hats: The psychologist as activist and therapist. *Journal of Gay & Lesbian Psychotherapy, 11*(3/4), 9-35.
- Sipe, A. W. R. (1990). *A secret world: Sexuality and the search for celibacy*. New York: Routledge.
- Sipe, A. W. R. (2003). *Celibacy in crisis: A secret world revisited*. New York: Brunner/Routledge.
- Slater, B. R. (1988). Essential issues in working with lesbian and gay youth. *Professional Psychology: Research and Practice, 2*, 226-235.
- Smith, G., Bartlett, A. & King, M. (2004). Treatments of homosexuality in Britain since 1950—an oral history: The experience of patients. *British Medical Journal, 328*(7437), 427-429.

- Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, *129*(4), 614-636.
- Sobocinski, M. R. (1990). Ethical principles in the counseling of gay and lesbian adolescents: Issues of autonomy, competence, and confidentiality. *Professional Psychology: Research and Practice*, *21*, 240-247.
- Socarides, C. W. (1968). *The overt homosexual*. New York: Grune & Stratton.
- Society for Prevention Research. (2005). *Standards of evidence: Criteria for efficacy, effectiveness and dissemination*. Retrieved from <http://www.preventionresearch.org/commlmon.php#SofE>
- Solyom, L., & Miller, S. (1965). A differential conditioning procedure as the initial phase of behavior therapy of homosexuality. *Behaviour Research and Therapy*, *3*, 147-160.
- Sophie, J. (1987). Internalized homophobia and lesbian identity. *Journal of Homosexuality*, *14*(1/2), 53-65.
- Southern Poverty Law Center. (2005, Spring). *A might army*. Retrieved February 2, 2009, from www.splcenter.org/intel/intelreport/article.jsp?aid=524
- Sperry, L., & Shafranske, E. P. (2004). *Spiritually oriented psychotherapy*. Washington, DC: American Psychological Association.
- Spilka, B., Hood, R., Hunsberger, B., & Gorsuch, R. (2003). *The psychology of religion: An empirical approach* (3rd ed.). New York: Guilford Press.
- Spitzer, R. L. (2003). Can some gay men and lesbians change their sexual orientation? Two hundred participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior*, *32*, 403-417.
- Sprangers, M. (1989). Subject bias and the retrospective pretest in retrospect. *Bulletin of the Psychonomic Society*, *27*, 11-14.
- Stålström, O., & Nissinen, J. (2003). The Spitzer Study and the Finnish Parliament. *Journal of Gay & Lesbian Psychotherapy*, *7*, 83-95.
- Steenbarger, B. N. (1991). All the world is not a stage: Emerging contextualistic themes in counseling and development. *Journal of Counseling & Development*, *70*, 288-296.
- Stein, E. (1999). *The mismeasure of desire: The science, theory, and ethics of sexual orientation*. New York: Oxford University Press.
- Stevenson, I., & Wolpe, J. (1960). Recovery from sexual deviations through overcoming nonsexual neurotic responses. *American Journal of Psychiatry*, *116*, 737-742.
- Stokes, J. P., Miller, R. L., & Mundhenk, R. (1998). Toward an understanding of behaviourally bisexual men: The influence of context and culture. *The Canadian Journal of Human Sexuality*, *7*, 101-114.
- Stone, K. C. (2008). Sexual messages, self-schema, and contentment: An influential threesome for women's sexuality? *Dissertation Abstracts International: Section B: Sciences and Engineering*, *68*(8-B), 5639. (UMI No. 3276731)
- Storms, M. D. (1980). Theories of sexual orientation. *Journal of Personality and Social Psychology*, *38*, 783-792.
- Streib, H. (2001). Faith development theory revisited: The religious styles perspective. *International Journal for the Psychology of Religion*, *11*, 143-158.
- Streib, H. (2005). Faith development research revisited: Accounting for diversity in structure, content, and narrativity of faith. *International Journal for the Psychology of Religion*, *15*, 99-121.
- Sue, S., & Zane, N. (2006). Ethnic minority populations have been neglected by evidence-based practices. In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 329-337). Washington, DC: American Psychological Association.
- Surrey, J. L. (1991). The "self-in-relation": A theory of women's development. In J. V. Jordan, A. G. Kaplan, J. B. Miller, I. P. Stiver, & J. L. Surrey (Eds.), *Women's growth in connection: Writings from the Stone Center* (pp. 51-66). New York: Guilford Press.
- Szalacha, L. A. (2003). Safer sexual diversity climates: Lessons learned from an evaluation of Massachusetts Safe Schools Program for Gay and Lesbian Students. *American Journal of Education*, *110*, 58-88.
- Szymanski, D. M., & Carr, E. R. (2008). The roles of gender role conflict and internalized heterosexism in gay and bisexual men's psychological distress: Testing two mediation models. *Journal of Men & Masculinity*, *9*, 40-54.
- Szymanski, D. M., & Kashubeck-West, S. (2008). Internalized heterosexism: Clinical implications and training considerations. *The Counseling Psychologist*, *36*, 615-630.
- Szymanski, D. M., Kashubeck-West, S., & Meyer, J. (2008). Internalized heterosexism: A historical and theoretical overview. *The Counseling Psychologist*, *36*, 510-524.
- Tan, E. (2008). Mindfulness in sexual identity therapy: A case study. *Journal of Psychology and Christianity*, *27*, 274-278.
- Tanner, B. A. (1974). A comparison of automated aversive conditioning and a waiting list control in the modification of homosexual behavior in males. *Behavior Therapy*, *5*, 29-32.
- Tanner, B. A. (1975). Avoidance training with and without booster sessions to modify homosexual behavior in males. *Behavior Therapy*, *6*, 649-653.
- Taylor, S. (1983). Adjustment to threatening events: A theory of cognitive adaptation. *American Psychologist*, *38*, 1161-1173.
- Thompson, E. M., & Morgan, E. M. (2008). "Mostly straight" young women: Variations in sexual behavior and identity development. *Developmental Psychology*, *44*, 15-21.

- Thorpe, J. G., Schmidt, E., Brown, P. T., & Castell, D. (1964). Aversion-relief therapy: A new method for general application. *Behaviour Research & Therapy*, 2, 71-82.
- Thorpe, J. G., Schmidt, E., & Castell, D. (1963). A comparison of positive and negative (aversive) conditioning in the treatment of homosexuality. *Behaviour Research & Therapy*, 1, 357-362.
- Throckmorton, W. (2002). Initial empirical and clinical findings concerning the change process for ex-gays. *Professional Psychology: Research and Practice*, 33, 242-248.
- Throckmorton, W., & Welton, G. (2005). Counseling practices as they relate to ratings of helpfulness by consumers of sexual reorientation therapy. *Journal of Psychology and Christianity*, 24, 332-342.
- Throckmorton, W. & Yarhouse, M. A. (2006). *Sexual identity therapy: Practice guidelines for managing sexual identity conflicts*. Unpublished paper. Retrieved August 21, 2008, from <http://wthrockmorton.com/wp-content/uploads/2007/04/sexualidentitytherapyframeworkfinal.pdf>
- Thumma, S. (1991). Negotiating a religious identity: The case of the gay evangelical. *Sociological Analysis*, 52, 333-347.
- Toro-Alfonso, J. (2007, August). *Latino perspectives on sexual orientation: The desire that we do not dare to name*. Retrieved September 21, 2007, from www.apa.org/pi/oema/homepage.html
- Townes, B. D., Ferguson, M. D., & Gillem, S. (1976). Differences in psychological sex, adjustment, and familial influences among homosexual and nonhomosexual populations. *Journal of Homosexuality*, 1, 261-272.
- Tozer, E. E., & Hayes, J. A. (2004). The role of religiosity, internalized homonegativity, and identity development: Why do individuals seek conversion therapy? *The Counseling Psychologist*, 32, 716-740.
- Tozer, E. E., & McClanahan, M. K. (1999). Treating the purple menace: Ethical considerations of conversion therapy and affirmative alternatives. *The Counseling Psychologist*, 27, 722-742.
- Treadway, L., & Yoakum, J. (1992). Creating a safer school environment for lesbian and gay students. *Journal of School Health*, 352-357.
- Tremble, B., Schneider, M., & Appathurai, C. (1989). Growing up gay or lesbian in a multicultural context. In G. H. Herdt (Ed.), *Gay and lesbian youth* (pp. 253-267). Ithaca, NY: Haworth Press.
- Trenholm, P., Trent, J., & Compton, W. C. (1998). Negative religious conflict as a predictor of panic disorder. *Journal of Clinical Psychology*, 54, 59-65.
- Treyger, S., Ehlers, N., Zajicek, L., & Trepper, T. (2008). Helping spouses cope with partners coming out: A solution-focused approach. *American Journal of Family Therapy*, 36, 30-47.
- Troiden, R. R. (1988). Homosexual identity development. *Journal of Adolescent Health Care*, 9, 105-113.
- Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, 17(1-2), 43-73.
- Troiden, R. R. (1993). The formation of homosexual identities. In L. Garnets & D. Kimmel (Eds.), *Psychological perspectives on lesbian and gay male experiences* (pp. 191-217). New York: Columbia University Press.
- Trujillo, A. (2000). Psychotherapy with Native Americans: A view into the role of religion and spirituality. In P. S. Richards & A. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 445-466). Washington, DC: American Psychological Association.
- Tyler, F. B., Pargament, K. I., & Gatz, M. (1983). The resource collaborator role: A model for interactions involving psychologists. *American Psychologist*, 38, 388-398.
- Ullerstam, L. (1966). *The erotic minorities: A Swedish view*. New York: Grove.
- Van Voorst, R. E. (Ed.). (2005). Homosexuality and the church. *Reformed Review: A Theological Journal of Western Theological Seminary*, 59(1).
- Vasey, P. L., & Rendall, D. (2003). Sexual diversity and change along a continuum of bisexual desire. *Archives of Sexual Behavior*, 32, 453-455.
- Wakefield, J. C. (2003). Sexual reorientation therapy: Is it ever ethical? Can it ever change sexual orientation? *Archives of Sexual Behavior*, 32, 457-461.
- Walters, K. L., Evans-Campbell, T., Simoni, J. M., Ronquillo, T., & Bhuyan, R. (2006). My spirit in my heart: Identity experiences and challenges among American Indian two-spirit women. *Journal of Lesbian Studies*, 10(1/2), 125-149.
- Walters, K. L., Simoni, J. M., & Horwath, P. F. (2001). Sexual orientation bias experiences and service needs of gay, lesbian, bisexual, transgendered, and two-spirited American Indians. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research*, 13(1-2), 133-149.
- Wax, E. (2008, November 15). For gays in India, fear rules, blackmailers thrive using law that makes homosexuality a crime. *Washington Post Foreign Service*, A13.
- Weeks, J. (1995). Histories, desire and identities. In R. G. Parker & J. H. Gagnon (Eds.), *Conceiving sexualities* (pp. 33-50). New York: Routledge.
- Wei, M., Ku, T-Y., Russell, D. W., Mallinckrodt, B., & Liao, K. Y-H. (2008). Moderating effects of three coping strategies and self-esteem on perceived discrimination and depressive symptoms: A minority stress model for Asian international students. *Journal of Counseling Psychology*, 55, 451-462.
- Weinberg, G. (1972). *Society and the healthy homosexual*. New York: St. Martin's Press.
- Weinrich, J. D., & Williams, W. L. (1991). Strange customs, familiar lives: Homosexualities in other cultures. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 44-59). Newbury Park, CA: Sage.

- Weithorn, L. A. (1987). Mental hospitalization of troublesome youth: An analysis of skyrocketing admission rates. *Stanford Law Review*, *40*, 773-838.
- Wester, S. R. (2008). Male gender role conflict and multiculturalism: Implications for counseling psychology. *The Counseling Psychologist*, *36*, 294-324.
- Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health services. *American Psychologist*, *62*, 563-574.
- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA, Best practice guidelines*. Washington, DC: Child Welfare League of America.
- Wilcox, M. M. (2001). Dancing on the fence: Researching lesbian, gay, bisexual, and transgender Christians. In J. V. Spickard, J. S. Landres, & M. B. McGuire (Eds.), *Personal knowledge and beyond: Reshaping the ethnography of religion*. New York: New York University Press.
- Wilcoxon, F. (1945). Individual comparisons by ranking methods. *Biometrics*, *1*, 80-83.
- Williams, A. (2005, July 17). Gay teenager stirs a storm. *The New York Times*, Style Section, pp. 1, 6.
- Williams, M. (2008). Homosexuality anxiety: A misunderstood form of OCD. In L. V. Sebeki (Ed.), *Leading-edge health education issues* (pp. 195-205). Hauppauge, NY: Nova Science.
- Wilson, A. E., & Ross, M. (2001). From chump to champ: People's appraisal of their earlier and present selves. *Journal of Personality and Social Psychology*, *80*, 572-584.
- Wilson, B. D. M. & Miller, R. L. (2002). Strategies for managing heterosexism used among African American gay and bisexual men. *Journal of Black Psychology*, *28*, 371-391.
- Winnicott, D. W. (1965). *The maturational process and the facilitating environment*. New York: International Universities Press.
- Wilson, G. T., & Davison, G. C. (1974). Behavior therapy and homosexuality: A critical perspective. *Behavior Therapy*, *5*, 16-28.
- Wilson, M. L., & Green, R. L. (1971). Personality characteristics of female homosexuals. *Psychological Reports*, *28*, 407-412.
- Wolkomir, M. (2001). Emotion work, commitment, and the authentication of the self: The case of gay and ex-gay Christian support groups. *Journal of Contemporary Ethnography*, *30*, 305-334.
- Wolkomir, M. (2006). *Be not deceived: The sacred and sexual struggles of gay and ex-gay Christian men*. New Brunswick, NJ: Rutgers University Press.
- Wolowelsky, J. B., & Weinstein, B. L. (1995). Initial religious counseling for a male orthodox adolescent homosexual. *Tradition*, *29*, 49-55.
- Worthington, E. L., Kurusu, T. A., McCullough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic process outcomes: A 10-year review and research prospectus. *Psychological Bulletin*, *119*, 448-487.
- Worthington, R. L. (2003). Heterosexual identities, sexual reorientation therapies, and science. *Archives of Sexual Behavior*, *32*, 460-461.
- Worthington, R. L. (2004). Sexual identity, sexual orientation, religious identity, and change: Is it possible to depolarize the debate? *The Counseling Psychologist*, *32*, 741-749.
- Worthington, R. L., Dillon, F. R., & Becker-Schutte, A. M. (2005). Development, reliability, and validity of the LGB knowledge and attitudes scale for heterosexuals (LGB-KASH). *Journal of Counseling Psychology*, *52*, 104-118.
- Worthington, R. L., Navarro, R. L., Savoy, H. B., & Hampton, D. (2008). Development, reliability, and validity of the measure of sexual identity exploration and commitment (MoSIEC). *Developmental Psychology*, *44*, 22-44.
- Worthington, R. L., & Reynolds, A. L. (2009). Within group differences in sexual orientation and identity. *Journal of Counseling Psychology*, *56*, 44-55.
- Worthington, R. L., Savoy, H., Dillon, F. R., & Vernaglia, E. R. (2002). Heterosexual identity development: A multidimensional model of individual and group identity. *The Counseling Psychologist*, *30*, 496-531.
- Wright, E. R., & Perry, B. L. (2006). Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality*, *51*, 81-110.
- Wulff, D. M. (1997). *Psychology of religion: Classic and contemporary* (2nd ed.). Oxford, England: Wiley.
- Wyers, N. (1987, March/April). Homosexuality in the family: Lesbian and gay spouses. *Social Work*, 143-148.
- Yarhouse, M. A. (1998a). When clients seek treatment for same-sex attraction: Ethical issues in the "right to choose" debate. *Psychotherapy: Theory, Research, Practice, Training*, *35*, 248-259.
- Yarhouse, M. A. (1998b). When families present with concerns about an adolescent's experience of same-sex attraction. *The American Journal of Family Therapy*, *26*, 321-330.
- Yarhouse, M. A. (2001). Sexual identity development: The influence of evaluative frameworks on identity synthesis. *Psychotherapy: Theory, Research, Practice, Training*, *38*, 331-341.
- Yarhouse, M. A. (2005a). Christian explorations in sexual identity. *Journal of Psychology and Christianity*, *24*, 291-292.
- Yarhouse, M. A. (2005b). Constructive relationships between religion and the scientific study of sexuality. *Journal of Psychology and Christianity*, *24*, 29-35.
- Yarhouse, M. A. (2005c). Same-sex attraction, homosexual orientation, and gay identity: A three-tier distinction for counseling and pastoral care. *Journal of Pastoral Care & Counseling*, *59*, 201-212.

- Yarhouse, M. A. (2008). Narrative sexual identity therapy. *American Journal of Family Therapy, 39*, 196-210.
- Yarhouse, M., & Beckstead, A. L. (2007, August). Sexual identity group therapy to navigate religious and spiritual conflicts. In M. Yarhouse & A. L. Beckstead (Chairs), *Sexual identity therapy to address religious and spiritual conflicts*. Symposium conducted 116th Convention of the American Psychological Association, San Francisco.
- Yarhouse, M. A., Brooke, H. L., Pisano, P., & Tan, E. S. N. (2005). Project Inner Compass: Young adults experiencing sexual identity confusion. *Journal of Psychology and Christianity, 24*, 352-360.
- Yarhouse, M. A., & Burkett, L. A. (2002). An inclusive response to LGB and conservative religious persons: The case of same-sex attraction and behavior. *Professional Psychology: Research and Practice, 33*, 235-241.
- Yarhouse, M. A., Burkett, L. A., Kreeft, E. M. (2001). Competing models for shepherding those in the church who contend with same-sex attraction. *Journal of Psychology and Christianity, 20*, 53-65.
- Yarhouse, M. A., & Fisher, W. (2002). Levels of training to address religion in clinical practice. *Psychotherapy: Theory, Research, Practice, Training, 39*, 171-176.
- Yarhouse, M. A., & Pawlowski, L. M., & Tan, E. S. N. (2003). Intact marriages in which one partner dis-identifies with experiences of same-sex attraction. *American Journal of Family Therapy, 31*, 369-388.
- Yarhouse, M. A., & Seymore, R. L. (2006). Intact marriages in which one partner dis-identifies with experiences of same-sex attraction: A follow-up study. *The American Journal of Family Therapy, 34*, 151-161.
- Yarhouse, M. A., & Tan, E. S. N. (2004). *Sexual identity synthesis: Attributions, meaning-making, and the search for congruence*. Lanham, MD: University Press of America.
- Yarhouse, M. A., & Tan, E. S. N. (2005a). Addressing religious conflicts in adolescents who experience sexual identity confusion. *Professional Psychology: Research and Practice, 6*, 530-536.
- Yarhouse, M. A., & Tan, E. S. N. (2005b). Sexual identity and being a Christian. *Journal of Psychology and Christianity, 24*, 60-64.
- Yarhouse, M. A., Tan, E. S. N., & Pawlowski, L. M. (2005). Sexual identity development and synthesis among LGB-identified and LGB dis-identified persons. *Journal of Psychology and Theology, 33*, 3-16.
- Yarhouse, M. A., & Throckmorton, W. (2002). Ethical issues in attempts to ban reorientation therapies. *Psychotherapy: Theory, Research, Practice, Training, 39*, 66-75.
- Yarhouse, M. A., & VanOrman, B. T. (1999). When psychologists work with religious clients: Applications of the general principles of ethical conduct. *Professional Psychology: Research and Practice, 30*, 557-562.
- Yi, K., & Shorter-Gooden, K. (1999). Ethnic identity formation: From stage theory to a constructivist narrative model. *Psychotherapy: Theory, Research, Practice, Training, 36*, 16-26.
- Yip, A. K. T. (2000). Leaving the church to keep my faith: The lived experiences of non-heterosexual Christians. In L. J. Francis & Y. J. Katz (Eds.), *Joining and leaving religion: Research perspectives* (pp. 129-145). Leominster, MA: Gracewing.
- Yip, A. K. T. (2002). The persistence of faith among nonheterosexual Christians. *Journal for the Scientific Study of Religion, 41*, 199-212.
- Yip, A. K. T. (2003). The self as the basis of religious faith: Spirituality of gay, lesbian, and bisexual Christians. In G. Davie, L. Woodhead, & P. Heelas (Eds.), *Predicting religion* (pp. 135-146). Aldershot, England: Ashgate.
- Yip, A. K. T. (2004). Embracing Allah and sexuality? South Asian non-heterosexual Muslims in Britain. In K. A. Jacobsen & P. P. Kumar (Eds.), *South Asians in the Diaspora* (pp. 294-310). Leiden, Netherlands: Brill.
- Yip, A. K. T. (2005). Queering religious texts: An exploration of British non-heterosexual Christians' and Muslims' strategy of constructing sexuality-affirming hermeneutics. *Sociology, 39*, 47-65.
- Zahniser, J. H., & Boyd, C. A. (2008). The work of love, the practice of compassion and the homosexual neighbor. *Journal of Psychology and Christianity, 27*, 215-226.
- Zahniser, J. H., & Cagle, L. (2007). Homosexuality: Toward an informed, compassionate response. *Christian Scholar's Review, 36*, 323-348.
- Zaslav, M. R. (1998). Shame-related states of mind in psychotherapy. *Journal of Psychotherapy Practice and Research, 7*, 154-166.
- Zea, M. C., Diaz, R. M., & Reisen, C. A. (2003). Methodological issues in research with Latino gay and bisexual men. *American Journal of Community Psychology, 31*, 281-291.
- Zea, M. C., Mason, M. A., & Muruia, A. (2000). Psychotherapy with members of Latino/Latina religious and spiritual traditions. In P. S. Richards, & A. Bergin (Eds.), *Handbook of psychotherapy and religious diversity* (pp. 397-419). Washington, DC: American Psychological Association.
- Zucker, K. J. (2008). Reflections on the relation between sex-typed behavior in childhood and sexual orientation in adulthood. *Journal of Gay & Lesbian Mental Health, 12*(1/2), 29-59.
- Zucker, K. J., & Bradley, S. J. (1995). *Gender identity disorder and psychosexual problems in children and adolescents*. New York: Guilford Press.

Certified as true
and correct copy

APPENDIX A: RESOLUTION ON APPROPRIATE AFFIRMATIVE RESPONSES TO SEXUAL ORIENTATION DISTRESS AND CHANGE EFFORTS

Research Summary

The longstanding consensus of the behavioral and social sciences and the health and mental health professions is that homosexuality per se is a normal and positive variation of human sexual orientation (Bell, Weinberg, & Hammersmith, 1981; Bullough, 1976; Ford & Beach 1951; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Homosexuality per se is not a mental disorder (APA, 1975). Since 1974, the American Psychological Association (APA) has opposed stigma, prejudice, discrimination, and violence on the basis of sexual orientation and has taken a leadership role in supporting the equal rights of lesbian, gay, and bisexual individuals (APA, 2005).

APA is concerned about ongoing efforts to mischaracterize homosexuality and promote the notion that sexual orientation can be changed and about the resurgence of sexual orientation change efforts (SOCE).³¹ SOCE has been controversial due to tensions between the values held by some faith-based organizations, on the one hand, and those held by lesbian, gay, and bisexual rights organizations and professional and scientific organizations, on the other (Drescher, 2003; Drescher & Zucker, 2006).

³¹ APA uses the term *sexual orientation change efforts* (SOCE) to describe methods (e.g., behavioral techniques, psychoanalytic techniques, medical approaches, religious and spiritual approaches) that aim to change a same-sex sexual orientation to heterosexual, regardless of whether mental health professionals or lay individuals (including religious professionals, religious leaders, social groups, and other lay networks, such as self-help groups) are involved.

Some individuals and groups have promoted the idea of homosexuality as symptomatic of developmental defects or spiritual and moral failings and have argued that SOCE, including psychotherapy and religious efforts, could alter homosexual feelings and behaviors (Drescher & Zucker, 2006; Morrow & Beckstead, 2004). Many of these individuals and groups appeared to be embedded within the larger context of conservative religious political movements that have supported the stigmatization of homosexuality on political or religious grounds (Drescher, 2003; Drescher & Zucker, 2006; Southern Poverty Law Center, 2005). Psychology, as a science, and various faith traditions, as theological systems, can acknowledge and respect their profoundly different methodological and philosophical viewpoints. The APA concludes that psychology must rely on proven methods of scientific inquiry based on empirical data, on which hypotheses and propositions are confirmed or disconfirmed, as the basis to explore and understand human behavior (APA, 2008a, 2008c).

In response to these concerns, APA appointed the Task Force on Appropriate Therapeutic Responses to Sexual Orientation to review the available research on SOCE and to provide recommendations to the association. The task force reached the following findings.

Recent studies of participants in SOCE identify a population of individuals who experience serious distress related to same-sex sexual attractions. Most of these participants are Caucasian males who report that their religion is extremely important to them (Beckstead & Morrow, 2004; Nicolosi, Byrd, & Potts,

2000; Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Shidlo & Schroeder, 2002, Spitzer, 2003). These individuals report having pursued a variety of religious and secular efforts intended to help them change their sexual orientation. To date, the research has not fully addressed age, gender, gender identity, race, ethnicity, culture, national origin, disability, language, and socioeconomic status in the population of distressed individuals.

There are no studies of adequate scientific rigor to conclude whether or not recent SOCE do or do not work to change a person's sexual orientation. Scientifically rigorous older work in this area (e.g., Birk, Huddleston, Miller, & Cohler, 1971; James, 1978; McConaghy, 1969, 1976; McConaghy, Proctor, & Barr, 1972; Tanner, 1974, 1975) found that sexual orientation (i.e., erotic attractions and sexual arousal oriented to one sex or the other, or both) was unlikely to change due to efforts designed for this purpose. Some individuals appeared to learn how to ignore or limit their attractions. However, this was much less likely to be true for people whose sexual attractions were initially limited to people of the same sex.

Although sound data on the safety of SOCE are extremely limited, some individuals reported being harmed by SOCE. Distress and depression were exacerbated. Belief in the hope of sexual orientation change followed by the failure of the treatment was identified as a significant cause of distress and negative self-image (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002).

Although there is insufficient evidence to support the use of psychological interventions to change sexual orientation, some individuals modified their sexual orientation identity (i.e., group membership and affiliation), behavior, and values (Nicolosi et al., 2000). They did so in a variety of ways and with varied and unpredictable outcomes, some of which were temporary (Beckstead & Morrow, 2004; Shidlo & Schroeder, 2002). Based on the available data, additional claims about the meaning of those outcomes are scientifically unsupported.

On the basis of the task force's findings, the APA encourages mental health professionals to provide assistance to those who seek sexual orientation change by utilizing affirmative multiculturally competent (Bartoli & Gillem, 2008; Brown, 2006) and client-centered approaches (e.g., Beckstead & Israel, 2007; Glassgold, 2008; Haldeman, 2004; Lasser & Gottlieb, 2004) that recognize the negative impact of social stigma on sexual minorities (Herek, 2009; Herek &

Garnets, 2007)^{A2} and balance ethical principles of beneficence and nonmaleficence, justice, and respect for people's rights and dignity (APA, 1998, 2002; Davison, 1976; Haldeman, 2002; Schneider, Brown, & Glassgold, 2002).

Resolution

WHEREAS, The American Psychological Association expressly opposes prejudice (defined broadly) and discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status (APA, 1998, 2000, 2002, 2003, 2005, 2006, 2008c);

WHEREAS, The American Psychological Association takes a leadership role in opposing prejudice and discrimination (APA, 2008b, 2008c), including prejudice based on or derived from religion or spirituality, and encourages commensurate consideration of religion and spirituality as diversity variables (APA, 2008c);

WHEREAS, Psychologists respect human diversity including age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status (APA, 2002) and psychologists strive to prevent bias from their own spiritual, religious, or nonreligious beliefs from taking precedence over professional practice and standards or scientific findings in their work as psychologists (APA, 2008c);

WHEREAS, Psychologists are encouraged to recognize that it is outside the role and expertise of psychologists, as psychologists, to adjudicate religious or spiritual tenets, while also recognizing that psychologists can appropriately speak to the psychological implications of religious/spiritual beliefs or practices when relevant psychological findings about those implications exist (APA, 2008c);

WHEREAS, Those operating from religious/spiritual traditions are encouraged to recognize that it is outside their role and expertise to adjudicate empirical scientific issues in psychology, while

^{A2} We use the term *sexual minority* (cf. Blumenfeld, 1992; McCann & Fassinger, 1996; Ullmer, 1966) to designate the entire group of individuals who experience significant erotic and romantic attractions to adult members of their own sex, including those who experience attractions to members of both their own and the other sex. This term is used because we recognize that not all sexual minority individuals adopt an LGB bisexual identity.

also recognizing they can appropriately speak to theological implications of psychological science (APA, 2008c);

WHEREAS, The American Psychological Association encourages collaborative activities in pursuit of shared prosocial goals between psychologists and religious communities when such collaboration can be done in a mutually respectful manner that is consistent with psychologists' professional and scientific roles (APA, 2008c);

WHEREAS, Societal ignorance and prejudice about a same-sex sexual orientation places some sexual minorities at risk for seeking sexual orientation change due to personal, family, or religious conflicts, or lack of information (Beckstead & Morrow, 2004; Haldeman, 1994; Ponticelli, 1999; Shidlo & Schroeder, 2002; Wolkomir, 2001);

WHEREAS, Some mental health professionals advocate treatments based on the premise that homosexuality is a mental disorder (e.g., Nicolosi, 1991; Socarides, 1968);

WHEREAS, Sexual minority children and youth are especially vulnerable populations with unique developmental tasks (Perrin, 2002; Ryan & Futterman, 1997) who lack adequate legal protection from involuntary or coercive treatment (Arriola, 1998; Burack & Josephson, 2005; Molnar, 1997) and whose parents and guardians need accurate information to make informed decisions regarding their development and well-being (Cianciatto & Cahill, 2006; Ryan & Futterman, 1997); and

WHEREAS, Research has shown that family rejection is a predictor of negative outcomes (Remafedi, Farrow, & Deisher, 1991; Ryan, Huebner, Diaz, & Sanchez, 2009; Savin-Williams, 1994; Wilber, Ryan, & Marksamer, 2006) and that parental acceptance and school support are protective factors (D'Augelli, 2003; D'Augelli, Hershberger, & Pilkington, 1998; Goodenow, Szalacha, & Westheimer, 2006; Savin-Williams, 1989) for sexual minority youth;

THEREFORE, BE IT RESOLVED, That the American Psychological Association affirms that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

BE IT FURTHER RESOLVED, That the American Psychological Association reaffirms its position that homosexuality per se is not a mental disorder and opposes portrayals of sexual minority youths and adults as mentally ill due to their sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages mental health professionals to avoid misrepresenting the efficacy of sexual orientation change efforts by promoting or promising change in sexual orientation when providing assistance to individuals distressed by their own or others' sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association concludes that the benefits reported by participants in sexual orientation change efforts can be gained through approaches that do not attempt to change sexual orientation;

BE IT FURTHER RESOLVED, That the American Psychological Association concludes that the emerging knowledge on affirmative multiculturally competent treatment provides a foundation for an appropriate evidence-based practice with children, adolescents and adults who are distressed by or seek to change their sexual orientation (Bartoli & Gillem, 2008; Brown, 2006; Martell, Safren, & Prince, 2004; Norcross, 2002; Ryan & Futterman, 1997);

BE IT FURTHER RESOLVED, That the American Psychological Association advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages practitioners to consider the ethical concerns outlined in the 1997 APA Resolution on Appropriate Therapeutic Response to Sexual Orientation (APA, 1998), in particular the following standards and principles:

Bases for Scientific and Professional Judgments, Beneficence and Harm, Justice, and Respect for People's Rights and Dignity;

BE IT FURTHER RESOLVED, That the American Psychological Association encourages practitioners to be aware that age, gender, gender identity, race, ethnicity, culture, national origin, religion, disability, language, and socioeconomic status may interact with sexual stigma and contribute to variations in sexual orientation identity development, expression, and experience;

BE IT FURTHER RESOLVED, That the American Psychological Association opposes the distortion and selective use of scientific data about homosexuality by individuals and organizations seeking to influence public policy and public opinion and will take a leadership role in responding to such distortions;

BE IT FURTHER RESOLVED, That the American Psychological Association supports the dissemination of accurate scientific and professional information about sexual orientation in order to counteract bias that is based in lack of knowledge about sexual orientation; and

BE IT FURTHER RESOLVED, That the American Psychological Association encourages advocacy groups, elected officials, mental health professionals, policymakers, religious professionals and organizations, and other organizations to seek areas of collaboration that may promote the well-being of sexual minorities.

REFERENCES

- American Psychological Association. (1975). Policy statement on discrimination against homosexuals. *American Psychologist*, *30*, 633.
- American Psychological Association. (1998). Resolution on appropriate therapeutic responses to sexual orientation. *American Psychologist*, *43*, 934-935.
- American Psychological Association. (2000). Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, *55*, 1440-1451.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*, 1060-1073.
- American Psychological Association. (2003). *Lawrence v. Texas: Brief for amicus curiae, Supreme Court of the United States*. Washington, DC. Retrieved February 25, 2008, from <http://www.apa.org/pi/lgbcpolicy/amicusbriefs.html#lawrence>
- American Psychological Association. (2005). *APA policy statements on lesbian, gay, and bisexual concerns*. Retrieved July 4, 2008, from <http://www.apa.org/pi/lgbcpolicy/pshome.html>
- American Psychological Association. (2006). Resolution on prejudice, stereotypes, and discrimination. *American Psychologist*, *62*, 475-481.
- American Psychological Association. (2008a). Resolution rejecting intelligent design as scientific and reaffirming support for evolutionary theory. *American Psychologist*, *63*, 426-427.
- American Psychological Association. (2008b). Resolution opposing discriminatory legislation and initiatives aimed at lesbian, gay, and bisexual persons. *American Psychologist*, *63*, 428-430.
- American Psychological Association. (2008c). Resolution on religious, religion-related and/or religion-derived prejudice. *American Psychologist*, *63*, 431-434.
- Arriola, E. R. (1998). The penalties for puppy love: Institutionalized violence against lesbian, gay, bisexual, and transgender youth. *The Journal of Gender, Race, and Justice*, *429*, 1-43.
- Bartoli, E., & Gillem, A. R. (2008). Continuing to depolarize the debate on sexual orientation and religious identity and the therapeutic process. *Professional Psychology: Research and Practice*, *39*, 202-209.
- Beckstead, L., & Israel, T. (2007). Affirmative counseling and psychotherapy focused on issues related to sexual orientation conflicts. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (2nd ed., pp. 221-244). Washington, DC: American Psychological Association.

certified as true
and correct copy

- Beckstead, A. L., & Morrow, S. L. (2004). Mormon clients' experiences of conversion therapy: The need for a new treatment approach. *The Counseling Psychologist, 32*, 651-690.
- Bell, A. P., Weinberg, M. S., & Hammersmith, S. K. (1981). *Sexual preference: Its development in men and women*. Bloomington: Indiana University Press.
- Birk, L., Huddleston, W., Miller, E., & Cohler, B. (1971). Avoidance conditioning for homosexuality. *Archives of General Psychiatry, 25*, 314-323.
- Blumenfeld, W. J. (1992). Introduction. In W. J. Blumenfeld (Ed.), *Homophobia: How we all pay the price* (pp. 1-19). New York: Beacon Press.
- Brown, L. S. (2006). The neglect of lesbian, gay, bisexual, and transgendered clients. In J. C. Norcross, L. E. Beutler, & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 346-353). Washington, DC: American Psychological Association.
- Bullough, V. L. (1976). *Sexual variance in society and history*. Chicago: University of Chicago Press.
- Burack, C., & Josephson, J. J. (2005). *A report from "Love Won Out: Addressing, Understanding, and Preventing Homosexuality."* New York: National Gay and Lesbian Task Force Policy Institute. Retrieved from www.thetaskforce.org/downloads/reports/reports/LoveWonOut.pdf
- Cianciatto, J., & Cahill, S. (2006). *Youth in the crosshairs: The third wave of ex-gay activism*. New York: National Gay and Lesbian Task Force Policy Institute.
- D'Augelli, A. R. (2003). Lesbian and bisexual female youths aged 14 to 21: Developmental challenges and victimization experiences. *Journal of Lesbian Studies, 7*, 9-29.
- D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (1998). Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry, 68*, 361-371.
- Davison, G. C. (1976). Homosexuality: The ethical challenge. *Journal of Consulting and Clinical Psychology, 44*, 157-162.
- Drescher, J. (2003). The Spitzer study and the culture wars. *Archives of Sexual Behavior, 32*, 431-432.
- Drescher, J., & Zucker, K. J. (Eds.). (2006). *Ex-gay research: Analyzing the Spitzer study and its relation to science, religion, politics, and culture*. New York: Harrington Park Press.
- Ford, C. S., & Beach, F. A. (1951). *Patterns of sexual behavior*. New York: Harper & Row.
- Glassgold, J. M. (2008). Bridging the divide: Integrating lesbian identity and Orthodox Judaism. *Women and Therapy, 31*, 59-73.
- Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools, 43*, 573-589.
- Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology, 62*, 221-227.
- Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice, 33*, 200-204.
- Haldeman, D. C. (2004). When sexual and religious orientation collide: Considerations in working with conflicted same-sex attracted male clients. *The Counseling Psychologist, 32*, 691-715.
- Herek, G. M. (2009). Sexual stigma and sexual prejudice in the United States: A conceptual framework. In D. A. Hope (Ed.), *Nebraska Symposium on Motivation: Vol. 54. Contemporary perspectives on lesbian, gay, and bisexual identities* (pp. 65-111). New York: Springer.
- Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology, 3*, 353-375.
- James, S. (1978). Treatment of homosexuality II. Superiority of desensitization/arousal as compared with anticipatory avoidance conditioning: Results of a controlled trial. *Behavior Therapy, 9*, 28-36.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia: W. B. Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. (1953). *Sexual behavior in the human female*. Philadelphia: W. B. Saunders.
- Lasser, J. S., & Gottlieb, M. C. (2004). Treating patients distressed regarding their sexual orientation: Clinical and ethical alternatives. *Professional Psychology: Research and Practice, 35*, 194-200.
- Martell, C. R., Safren, S. A., & Prince, S. E. (2004). *Cognitive-behavioral therapies with lesbian, gay, and bisexual clients*. New York: Guilford Press.
- McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *The Counseling Psychologist, 24*, 508-534.
- McConaghy, N. (1969). Subjective and penile plethysmograph responses following aversion-relief and Apomorphine aversion therapy for homosexual impulses. *British Journal of Psychiatry, 115*, 723-730.
- McConaghy, N. (1976). Is a homosexual orientation irreversible? *British Journal of Psychiatry, 129*, 556-563.
- McConaghy, N., Proctor, D., & Barr, R. (1972). Subjective and penile plethysmography responses to aversion therapy for homosexuality: A partial replication. *Archives of Sexual Behavior, 2*, 65-79.
- Molnar, B. E. (1997). Juveniles and psychiatric institutionalization: Toward better due process and treatment review in the United States. *Health and Human Rights, 2*, 98-116.

- Morrow, S. L., & Beckstead, A. L. (2004). Conversion therapies for same-sex attracted clients in religious conflict: Context, predisposing factors, experiences, and implications for therapy. *The Counseling Psychologist, 32*, 641–650.
- Nicolosi, J. (1991). *Reparative therapy of male homosexuality*. Northvale, NJ: Jason Aronson.
- Nicolosi, J., Byrd, A. D., & Potts, R. W. (2000). Retrospective self-reports of changes in homosexual orientation: A consumer survey of conversion therapy clients. *Psychological Reports, 86*, 1071–1088.
- Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Perrin, E. C. (2002). *Sexual orientation in child and adolescent health care*. New York: Kluwer/Plenum.
- Ponticelli, C. M. (1999). Crafting stories of sexual identity reconstruction. *Social Psychology Quarterly, 62*, 157–172.
- Remafedi, G., Farrow, J. A., & Deisher, R. W. (1991). Risk factors of attempted suicide in gay and bisexual youth. *Pediatrics, 87*, 869–875.
- Ryan, C., & Futterman, D. (1997). Lesbian and gay youth: Care and counseling. *Adolescent Medicine: State of the Art Reviews, 8*, 207–374.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 129*, 346–352.
- Savin-Williams, R. C. (1989). Parental influences on the self-esteem of gay and lesbian youths: A reflected appraisals model. *Journal of Homosexuality, 17*(1/2), 93–109.
- Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Practice, 62*, 261–269.
- Schaeffer, K. W., Hyde, R. A., Kroencke, T., McCormick, B., & Nottebaum, L. (2000). Religiously motivated sexual orientation change. *Journal of Psychology & Christianity, 19*, 61–70.
- Schneider, M. S., Brown, L., & Glassgold, J. (2002). Implementing the Resolution on Appropriate Therapeutic Responses to Sexual Orientation: A guide for the perplexed. *Professional Psychology: Research and Practice, 33*, 265–276.
- Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer's report. *Professional Psychology: Research and Practice, 33*, 249–259.
- Socarides, C. W. (1968). *The overt homosexual*. New York: Grune & Stratton.
- Southern Poverty Law Center. (2005, Spring). *A might army*. Retrieved February 2, 2009, from www.splcenter.org/intel/intelreport/article.jsp?aid=524
- Spitzer, R. L. (2003). Can some gay men and lesbians change their sexual orientation? Two hundred participants reporting a change from homosexual to heterosexual orientation. *Archives of Sexual Behavior, 32*, 403–417.
- Tanner, B. A. (1974). A comparison of automated aversive conditioning and a waiting list control in the modification of homosexual behavior in males. *Behavior Therapy, 5*, 29–32.
- Tanner, B. A. (1975). Avoidance training with and without booster sessions to modify homosexual behavior in males. *Behavior Therapy, 6*, 649–653.
- Ullerstam, L. (1966). *The erotic minorities: A Swedish view*. New York: Grove.
- Wilber, S., Ryan, C., & Marksamer, J. (2006). *CWLA, best practice guidelines*. Washington, DC: Child Welfare League of America.
- Wolkomir, M. (2001). Emotion work, commitment, and the authentication of the self: The case of gay and ex-gay Christian support groups. *Journal of Contemporary Ethnography, 30*, 305–334.

Certified as true
and correct copy

APPENDIX B: STUDIES INCLUDED (N = 55)
IN THE SYSTEMATIC REVIEW (CHAPTERS 3 AND 4)

Certified as true
and correct copy

Study	N	% Males	Sample	Retention & treatment withdrawals	Research design	Treatment	Outcome measure
<i>Experimental studies</i>							
McConaghy, 1969	40	100	Clinical (6 by court order; 18 with arrest history)	3 withdrawals	4 treatment group randomized experiment	Immediate and delayed aversion apomorphine therapy and aversion relief therapy	Penile circumference
McConaghy, 1976	157	100	Clinical (21 by court order)	None reported	4 experimental substudies (<i>n</i> s = 40, 40, 46, 31, respectively) with random assignment to one of two or three treatment alternatives	Aversive apomorphine therapy or aversion-relief; aversive therapy or apomorphine or avoidance conditioning; classical, or avoidance, or backward conditioning; classical aversive therapy or positive conditioning	Sexual feelings; sexual behavior; penile circumference; sexual orientation
McConaghy & Barr, 1973	46	100	Clinical	26 had incomplete treatment exposure; 2 of 20 with complete exposure lost to follow-up	3 treatment group randomized experiment	Classical conditioning, avoidance conditioning, backward conditioning	Heart rate; penile circumference; galvanic skin response
McConaghy, Proctor, & Barr, 1972	40	100	Clinical (police and psychiatric referrals)	16 with incomplete follow-up data and 2 withdrawals	4 treatment group randomized experiment	Immediate and delayed aversive apomorphine therapy; immediate and delayed anticipatory avoidance learning	Penile circumference
Tanner, 1974	16	100	Clinical	None reported	Random assignment experiment with wait list control	Aversive shock therapy	Penile circumference; sexual behavior; personality
Tanner, 1975	10	100	Clinical	None reported	2 treatment group randomized experiment	Aversive shock therapy with/without booster sessions	Penile circumference; self-reported arousal; sexual behavior; personality

Certified as true and correct copy

Study	N	% Males	Sample	Retention & treatment withdrawals	Research design	Treatment	Outcome measure
-------	---	---------	--------	-----------------------------------	-----------------	-----------	-----------------

Quasi-experimental studies

Birk, Huddleston, Miller, & Cohler, 1971	18	100	Clinical	2 withdrew participation	Nonequivalent 2 treatment group comparison design	Aversive shock therapy vs. associative conditioning	Sexual behavior; clinical judgment; personality
S. James, 1978	40	100	Court-referred	None reported	Nonequivalent 2 treatment group comparison design	Anticipatory avoidance, desensitization, hypnosis, anticipatory avoidance	Sexual orientation; personality
McConaghy, Armstrong, & Blaszczyński, 1981	20	100	Clinical	None reported	Nonequivalent 2 treatment group comparison design	Aversive therapy; covert sensitization	Sexual feelings

Nonexperimental studies

Bancroft, 1969	16	100	Clinical	6 withdrew participation prior to treatment and 1 during treatment	Case study	Aversive shock therapy	Sexual behavior
Barlow & Agras, 1973	3	100	Clinical	None reported	Case study	Fading	Penile circumference; sexual urges; sexual fantasies
Barlow, Agras, Abel, Blanchard, & Young, 1975	3	100	Clinical	None reported	Single case pre-post within-subject	Biofeedback	Penile circumference
Beckstead & Morrow, 2004	50	80	Purposive	None	Qualitative retrospective, grounded theory	Conversion therapy, ex-gay ministries, and/or support groups	Subjective experiences of treatment; subjective appraisal of sexual orientation identity, attraction, & behavior
Birk, 1974	66	100	Clinical	13 withdrew participation	Pre-post within-subject	Psychotherapy	Sexual orientation
Blicht & Haynes, 1972	1	0	Clinical	None reported	Case study	Relaxation therapy and masturbation reconditioning	Sexual behavior
Callahan & Leitenberg, 1973	23	100	Clinical with 2 by court order	9 men withdrew participation and 8 excluded from data analyses	Pre-post within-subject	Aversion shock therapy and covert sensitization	Penile circumference
Colson, 1972	1	100	Clinical	None reported	Case study	Olfactory aversion therapy	Sexual behavior

Certified as true
and correct copy

Study	N	% Males	Sample	Retention & treatment withdrawals	Research design	Treatment	Outcome measure
Conrad & Wincze, 1976	4	100	Clinical	None reported	Case study	Orgasmic reconditioning	Sexual behavior; sexual fantasies; penile circumference
Curtis & Presly, 1972	1	100	Clinical	None reported	Case study	Covert sensitization	Sexual orientation
Feldman & MacCulloch, 1965	43	100	Clinical	7 withdrawals	Pre-post within-subject	Anticipatory avoidance	Sexual orientation
Fookes, 1960	27	100	Clinical (7 exhibitionists, 5 fetishists, and 15 bisexual and homosexual men)	None reported	Pre-post within-subject	Aversion shock therapy and calorie deprivation	Clinical judgment
Freeman & Meyer, 1975	9	100	Clinical	None reported	Pre-post within-subject	Aversion shock therapy and masturbation reconditioning	Sexual behavior; sexual orientation
Freund, 1960	67	100	Clinical	20 withdrawals	Pre-post within-subject	Aversion apomorphine therapy	Clinical judgment
Gray, 1970	1	100	Clinical	None reported	Case study	Desensitization and masturbation reconditioning	Sexual behavior
Hallam & Rachman, 1972	7	100	Clinical (2 pedophiles, 1 fetishist, 3 bisexual and homosexual men, and 1 voyeur)	None reported	Pre-post within-subject	Aversion shock therapy	Heart rate; galvanic skin response
Hanson & Adesso, 1972	1	100	Clinical	None reported	Case study	Desensitization and aversive counter-conditioning	Sexual behavior
Herman, Barlow, & Agras, 1974	4	100	Clinical	None reported	Case study	Counter-conditioning	Penile circumference; self-reported arousal
Herman & Prewett, 1974	1	100	Clinical	None reported	Case study	Biofeedback	Penile circumference
Huff, 1970	1	100	Clinical	None reported	Case study	Desensitization	Sexual behavior; personality
B. James, 1962	1	100	Clinical	Treatment stopped due to adverse reaction	Case study	Aversion apomorphine therapy	Sexual fantasies; sexual behavior
Kendrick & McCullough, 1972	1	100	Clinical	None reported	Case study	Covert sensitization	Sexual fantasies; sexual behavior
Larson, 1970	3	100	Clinical	None reported	Case study	Anticipatory avoidance	Sexual fantasies; sexual behavior
Levin, Hirsch, Shugar, & Kapche, 1968	1	100	Clinical	None reported	Case study	Desensitization, avoidance conditioning	Personality

Scanned as true
and correct copy

Study	N	% Males	Sample	Retention & treatment withdrawals	Research design	Treatment	Outcome measure
LoPiccolo, 1971	1	100	Clinical	None reported	Case study	Desensitization	Masturbation fantasies
LoPiccolo, Stewart, & Watkins, 1972	1	100	Clinical	None reported	Case study	Orgasmic reconditioning	Sexual behavior
MacCulloch & Feldman, 1967	43	?	Clinical (18 by court order and 4 psychiatric referrals)	7 withdrawals	Pre-post within-subject	Anticipatory avoidance with aversion shock therapy	Sexual orientation; sexual behavior
MacCulloch, Feldman, & Pinshoff, 1965	4	100	Clinical (3 by court order)	1 withdrawal	Case study	Anticipatory avoidance with aversion shock therapy	Attractions; pulse rate
Marquis, 1970	14	79	Clinical	None reported	Case study	Orgasmic reconditioning	Clinical judgment
McCrary, 1973	1	100	Clinical	None reported	Case study	Forward fading	Sexual preference, sexual behavior
Mintz, 1966	10	100	Clinical	5 withdrawals	Case study	Therapy	Clinical judgment
Nicolosi, Byrd, & Potts, 2000	882	78	Convenience (NARTH and ex-gay ministry members)	None reported	Retrospective pretest	Conversion therapy	Sexual orientation; sexual behavior
Pattison & Pattison, 1980	11	100	Convenience	None reported; 19 declines to participate	Qualitative retrospective case study	Religious folk therapy	Subjective experience
Ponticelli, 1999	15	0	Purposive (ex-gay ministry)	None reported	Ethnography	Ex-gay ministry	None
Quinn, Harbison, & McAllister, 1970	1	100	Clinical	None reported	Case study	Desensitization and hydration deprivation	Penile circumference
Rehm & Rozensky, 1974	1	100	Clinical	None reported	Case study	Therapy and orgasmic reconditioning	Sexual behavior
Sandford, Tustin, & Priest, 1975	2	100%	Clinical	1 withdrawal reported	Case study	Differential reinforcement and punishment	Penile circumference
Schaeffer, Hyde, Kroenke, McCormick, & Nottebaum, 2000	248	74	Convenience (Exodus International conference attendees)	None reported	Retrospective pretest	Varied counseling and conversion therapies	Sexual behavior; sexual feelings; sexual orientation identity
Schroeder & Shidlo, 2001	150	91	Convenience	None reported	Qualitative retrospective case study	Varied, including behavior therapy; psychoanalysis; aversive therapies; hypnosis; spiritual counseling; psychotropic medication; in-patient treatment.	Perceived harmfulness or helpfulness of SOCE

Study	N	% Males	Sample	Retention & treatment withdrawals	Research design	Treatment	Outcome measure
Segal & Sims, 1972	1	100	Clinical	None reported	Case study	Covert sensitization	Self-report of continued need for treatment
Shidlo & Schroeder, 2002	202	90	Convenience	None reported	Qualitative retrospective case study	Varied including behavior therapy; psychoanalysis; aversive therapies; hypnosis; spiritual counseling; psychotropic medication; in-patient treatment.	Sexual orientation; sexual orientation identity
Solyom & Miller, 1965	6	100	Clinical	None reported	Case study	Aversive shock therapy	Galvanic skin responses; penile circumference
Spitzer, 2003	200	71	Convenience (Ex-gay ministry members)	None reported; 74 not eligible	Retrospective pretest	Varied including ex-gay and religious support groups and therapy.	Sexual attraction; sexual orientation identity; sexual behavior;
Thorpe, Schmidt, & Castell, 1963	1	100	Clinical	None reported	Case study	Classical conditioning	Sexual fantasy; ability to orgasm in response to female stimuli
Thorpe, Schmidt, Brown, & Castell, 1964	8	75	Clinical (referred for variety of mental health concerns)	2 withdrawals	Case study	Aversion relief	Anxiety; personality
Wolkomir, 2001	n/a		Purposive	None reported	Ethnography	2 Bible study support groups	Subjective experience

Certified as true
and correct copy

Certified as true
and correct copy

Certified as true
and correct copy

FOOTNOTE 4

Certified as true
and correct copy



Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts

RESEARCH SUMMARY

The longstanding consensus of the behavioral and social sciences and the health and mental health professions is that homosexuality per se is a normal and positive variation of human sexual orientation (Bell, Weinberg, & Hammer-smith, 1981; Bullough, 1976; Ford & Beach, 1951; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Homosexuality per se is not a mental disorder (APA, 1975). Since 1974, the American Psychological Association (APA) has opposed stigma, prejudice, discrimination, and violence on the basis of sexual orientation and has taken a leadership role in supporting the equal rights of lesbian, gay, and bisexual individuals (APA, 2005).

APA is concerned about ongoing efforts to mischaracterize homosexuality and promote the notion that sexual orientation can be changed and about the resurgence of *sexual orientation change efforts* (SOCE).¹ SOCE has been controversial due to tensions between the values held by some faith-based organizations, on the one hand, and those held by lesbian, gay, and bisexual rights organizations and professional and scientific organizations, on the other (Drescher, 2003; Drescher & Zucker, 2006). Some individuals and groups have promoted the idea of homosexuality as symptomatic of developmental defects or spiritual and moral failings and have argued that SOCE, including psychotherapy and religious efforts, could alter homosexual feelings and behaviors (Drescher & Zucker, 2006; Morrow & Beckstead, 2004). Many of these individuals and groups appeared to be embedded within the larger context of conservative religious political movements that have supported the stigmatization of homosexuality on political or religious grounds (Drescher, 2003; Drescher & Zucker, 2006; Southern Poverty

Law Center, 2005). Psychology, as a science, and various faith traditions, as theological systems, can acknowledge and respect their profoundly different methodological and philosophical viewpoints. The APA concludes that psychology must rely on proven methods of scientific inquiry based on empirical data, on which hypotheses and propositions are confirmed or disconfirmed, as the basis to explore and understand human behavior (APA, 2008a, 2008b).

In response to these concerns, APA appointed the Task Force on Appropriate Therapeutic Responses to Sexual Orientation to review the available research on SOCE and to provide recommendations to the Association. The Task Force reached the following findings.

Recent studies of participants in SOCE identify a population of individuals who experience serious distress related to same sex sexual attractions. Most of these participants are Caucasian males who report that their religion is extremely important to them (Beckstead & Morrow, 2004; Nicolosi, Byrd, & Potts, 2000; Schaeffer, Hyde, Kroencke, McCormick, & Nottebaum, 2000; Shidlo & Schroeder, 2002, Spitzer, 2003). These individuals report having pursued a variety of religious and secular efforts intended to help them to change their sexual orientation. To date, the research has not fully addressed age, gender, gender identity, race, ethnicity, culture, national origin, disability, language, and socioeconomic status in the population of distressed individuals.

There are no studies of adequate scientific rigor to conclude whether or not recent SOCE do or do not work to change a person's sexual orientation. Scientifically rigorous older work in this area (e.g., Birk, Huddleston, Miller, & Cohler, 1971; James, 1978; McConaghy, 1969, 1976; McConaghy, Proctor, & Barr, 1972; Tanner, 1974, 1975) found that sexual orien-

Adopted by
the American
Psychological
Association Council
of Representatives

on August 5, 2009.

For more information, please see www.apa.org/pi/lgbt

PLEASE CITE AS:

Anton, B. S. (2010). Proceedings of the American Psychological Association for the legislative year 2009: Minutes of the annual meeting of the Council of Representatives and minutes of the meetings of the Board of Directors. *American Psychologist*, *65*, 385–475. doi:10.1037/a0019553

